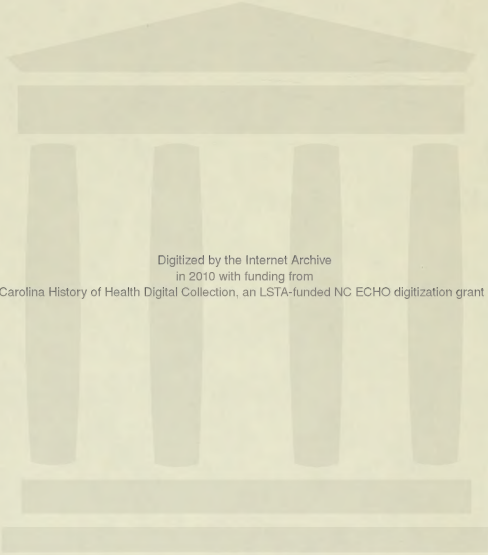


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Charlotte Medical Journal.

A SOUTHERN JOURNAL OF MEDICINE AND SURGERY.

VOLUME 72
NUMBER 1

Charlotte, N. C., July, 1915.

\$1.50
PER ANNUM.

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A uniform preparation is more dependable than a "catch-as-catch-can" product thrown together in small lots.

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Doctor—a Word about Xanthin —and Caffeine

As you well know, it is xanthin in the bodies of the young that gives them their characteristic vivacity, agility, and enthusiasm. And it is because age lessens this supply that age is sedate and conservative.

In this connection it is interesting to note that xanthin belongs to the same family or chemical group as caffeine. Both are known to the chemist as dioxypurins. Xanthin is found in the bodies of animals, including man, while caffeine is found only in plants such as coffee, tea, cocoa, mate, also in Coca-Cola. To make this family relationship closer and more interesting the scientists now tell us that caffeine, after being digested and assimilated, is converted into a substance called paraxanthin, which is a twin brother of xanthin.

But more interesting still is the similarity between the twins, xanthin and caffeine, in their effects upon the human body. If xanthin is in reality the substance which gives to youth its vivacity and alertness, then caffeine, its twin brother, may be regarded as a vegetable substitute for xanthin and we thus have a logical explanation of why the caffeine-containing beverages refresh and invigorate the body. In old age, when the fire of youth is burning low and the supply of xanthin is nearly exhausted, may it not be that

caffeine, as contained in Coca-Cola, tea, coffee, etc., serves a useful purpose in refreshing the nerves and muscles, and renewing the vitality as well as the sensation of youth?

Coca-Cola belongs to the same class of food products as tea and coffee, viz., the caffeine-beverages. Though they differ in flavor they are similar in effect, for caffeine is their common and only active principle. It is the caffeine that relieves fatigue and refreshes mind and body, not by *artificial* stimulation, but by a *natural* process analogous to that produced by the xanthin of the human body. Xanthin is a normal ingredient of the blood and flesh of all animals (including man) and is a refreshing principle of meat extracts, such as beef tea. Its action is similar to that of caffeine; in fact, when caffeine enters the body it becomes a xanthin. The caffeine beverages, therefore, have their counterpart in the *normal* human body, in the form of xanthin, and hence some scientists have classed them as "*natural*" stimulants in contradistinction to the "*artificial*" stimulants such as alcohol, nitroglycerine, strychnine, etc.

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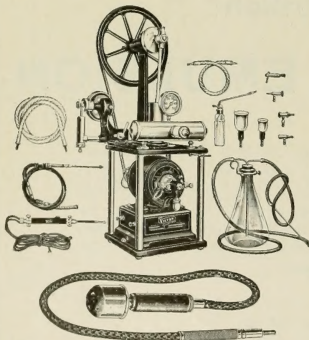
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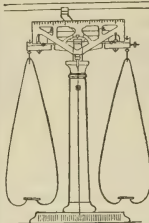
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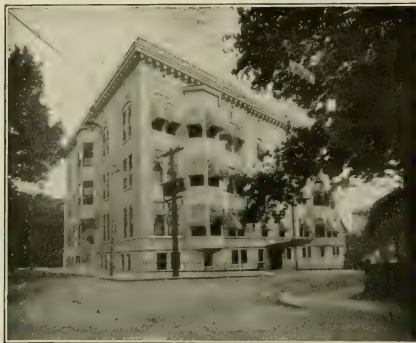
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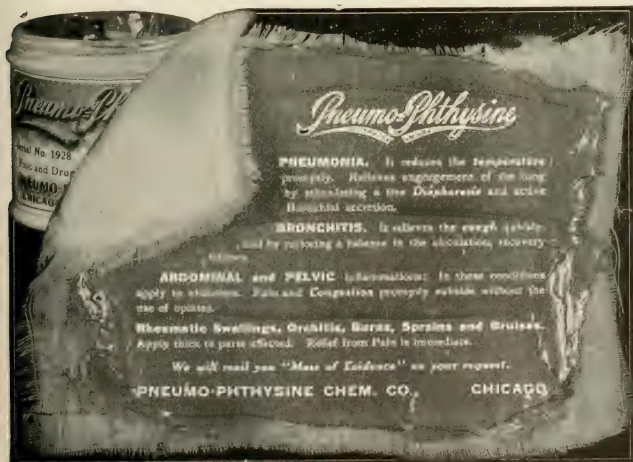
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ALFRED A. KENT, M. D., LENOIR, N. C.



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ALFRED A. KENT, M. D.

Edited by Dr. Ernest S. Bulluck, Wilmington, N. C.

Alfred A. Kent, M. D., was born on November 2, 1858, in Caldwell County, N. C. He is the son of Colonel A. S. and Mary E. (Miller) Kent. In 1893 he married Miss Anne F. Wright.

His earliest impressions of life and its trying realities were formed during the awful struggle of the closing months of the war between the States and the years immediately following. Childlife in such an environment of necessity laid the foundation for self-reliance, earnestness of purpose, energetic activity and unerring judgment, traits of character signaling his after life.

Dr. Kent's early education was received at the Old Finley High School of Lenoir, N. C., and his college education at the University of North Carolina along with Aycock, Melver, Alderman and other such men. He was junior debater in the Di Society at the commencement of 1878. In 1885 he was graduated in medicine from the Jefferson Medical College of Philadelphia and located in his home town for the general practice of medicine, where he soon became not only a prominent physician but a leader in affairs generally in the community. He spent the winter of 1890 in the Bellevue College of New York and he has since taken post graduate courses in New York, Philadelphia and Baltimore.

He joined the Medical Society of the State of North Carolina in 1894 at Greensboro and at once attracted attention to himself by making a verbal report of interesting cases. He was appointed leader of debate for the meeting of 1895, which place he filled very creditably. He has since read a number of the most valuable practical papers before the Society. In 1896 he was elected second vice-president; in 1902 he was again leader of annual discussion and chose for discussion the Treatment of Typhoid Fever, which subject he handled so ably that it is claimed it won for him a place on the State Board of Medical Examiners, to which he was elected that year. He served on that Board with great credit to himself and the profession for six years, being presi-

dent of the Board during the last two years of that time. He was chosen by the Board to represent North Carolina in the national meeting at Cleveland, Ohio, of delegates to consider the subject of reciprocity between the state licensing boards.

In 1910 he was elected councilor for the Ninth District and elected by the Councilors to be president of that board. The same fall he was nominated on the Democratic ticket in his county for the State Legislature. This was done over his very earnest protest because it was thought by the party leaders that his personal popularity might change the political control of the county, which was at that time strongly Republic. After much protest he finally went into the fight and led it with such vigor that the entire Democratic ticket of his county was elected. As a member of the legislature the News and Observer said of him, "He was author of more constructive legislation than any other member of the legislature." Of the legislation that he was especially instrumental in enacting was the Act to protect parturient women against lack of cleanliness on part of attending doctors and mid-wives and to protect the eyes of newly born infants against infection causing blindness; an Act to supply a sufficient number of dead bodies for dissecting material for the use of the medical schools of the State; the law by which Diptheritic Antitoxin is furnished to the people of the State at cost. As a recognition of his services to the profession of the State while he was in the legislature, at the next meeting of the State Medical Society, in 1911, he was honored by being elected president of the Society.

His ability and popularity with the doctors of the State were again attested to in 1913 by his being elected on the State Board of Health, for a term of six years.

He is still young enough to retain all the vigor of health, combined with mature judgment, and we may yet hope for many years of useful service from him. His life has been one of service and in service he has held all the positions of honor in the gift of the profession.

THE END RESULTS IN OBSTETRICAL WORK.*

By D. A. Stanton, M. D., High Point, N. C.

Every class of the physician's work is important and should at all times receive his most careful consideration, but as to end results there is no department of his work that should be more carefully guarded than his obstetrical work. In the first place two lives are to be considered and a slight oversight might result in the death of one or both. In the second place an accident might happen that would cause the child to be an invalid or render the mother a sufferer the remainder of her life.

The end results not only count for much to the mother and child but the physician who is careless finds his work going to some one who is cautious and painstaking.

That the end results of a case of obstetrics may be the best the care of the case begins with pregnancy. 'Tis true that a large per cent. of obstetrical cases go through to delivery without ever consulting a physician, and are delivered by a midwife and to outward appearance are as well off as those women who are under the watchful care of a physician, but these are the cases that could be classed as normal. It is the exceptions that claim our attention that the end results may be satisfactory to every child bearing woman. Granting that pregnancy and birth is a physiological process devised that the race of man should multiply and replenish the earth there is in human development defects, as well as in vegetable life, and it is these defects that are so often the cause of accidents in labor that call for scientific application of skill to save a life or preserve a perfect human economy.

Ask the gynecologist what class of women furnish the greatest number of patients and he will tell you women who have born children. Why is this? Because these women did not receive proper attention at some of their deliveries, generally the first delivery is when the greatest damage is done. The cervix is torn, the perineum is lacerated and often deep tears in the vagina. These accidents are inevitable in a great number of cases and should not be charged to neglect on the part of the obstetrician, but, if they are not repaired before he leaves the house, he could honestly be charged with

neglect. Failure to repair such injuries should condemn any man holding a state license to practice medicine in Virginia, South Carolina or North Carolina. Here is where the end results in obstetrical work tell for weild or woe to the physician. I have no hesitation in saying that a physician who makes the statement (and we have all heard it made) that he has no laceration of the perineum is either very careless in his observations or he does not know his business. Primary union is the rule in these injuries, hence the importance of giving them the attention their importance demands. In obstetric practice many emergencies arise which, if not properly met, result in a bad ending for the mother or child and a depreciation of the physician's services.

The obstetrician should be enough of a surgeon to meet all these emergencies as diagnostician at least, if not as operator, and if not an operator he should call in one who is, and see that the injuries are repaired, that by the time the puerperium is over what would have been a permanent defect has healed.

The general practitioner is the one who does the greatest part of obstetrical work and if he is not a gynecologist and never becomes one he has little conception of the bad work he has done. It is not till we begin to overhaul, so to speak, our first work that we appreciate the bad work we have done.

While it is true we all have to be beginners and our attainment along any line of work is the outcome of experience and practice the average practitioner starts out with less knowledge of obstetrics than any other branch of practice. This is due to the lack of training during his college course. The subject of obstetrics has never received the consideration that the subject deserves and never will till the profession realizes the awful death loss to infant life due to the lack of knowledge of abnormalities of the female pelvis and a failure to appreciate the deviations from the normal of the presenting part of an unborn infant. Some one has said that an obstetrician's armamentarium depends on the condition of one practice. This is a false statement. Obstetrics is obstetrics in every physician's practice who does this class of work, and the man who contents himself with a rusty pair of scissors and a bottle of ergot as an outfit is not to be classed as an obstetrician. As already stated, it is the exceptions due to deviation from the normal that test our ability to prove our-

*Read before the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

selves scientific obstetricians and to meet these an outfit is necessary, too great indeed to carry, but that which is essential can be carried, and the excess which is less used should be in readiness in ones office. No physician should go to an obstetric case with less than the following in his obstetric bag viz: A 24 in. Kelley pad, a pair of long and short forceps, the long forceps had best be action traction, a short needle holder, a pair of vassellun, three half curved needles of different length, a pair of scissors, dressing forceps, plain cat gut in glass tubes, cronic gut, heavy silk, a female catheter, a bottle of Bich tablets and a bottle of Synol soap, a bottle of F. E. Ergot, *tr varatri viride* "Norwood" chloroform, a package of sterilized gauze, a nail brush, rubber gloves, a spool of tape for tying the umbilicus, and last and least necessary, a pair of draw scales which will register at least two pounds in excess of the weight of the baby. In small quantities this can all be packed in a case 16 inches long, 8 inches deep, 8 inches wide.

The general practitioner may not treat complicated cases as well as they could be treated by a trained obstetrician in an up to date maternity hospital, but I am convinced that by a close study of all cases and by trying at all times to preserve a careful obstetric technic one can do work that any man might feel proud of.

The inefficiency of the average practitioner lies not intirely in lack of ability but in carelessness and indifference born of over work.

The proper management of any obstetrical case calls for the physician's supervision of the patient from the earliest months of pregnancy, and the laity should be taught to realize this. While pregnancy and labor are normally a physiological process they they are not always so and are liable to many deviations and abnormalities.

The pregnant woman should early place herself under the care of an intelligent physician who may detect many complications in their early stage. These if neglected might place her life and that of the child in serious jeopardy. Much good might be accomplished were the profession to unite in an effort to teach the laity the importance of the proper management of obstetrical cases. The laity should know that the most of the ills peculiar to women are the results of bad obstetrics and could be prevented or at least materially mitigated had the

patient received proper attention before, at time of, and following labor. Every effort should be made to emphasize the great responsibility the obstetrician must bear in the management of abnormal cases. The public must be taught that the conduct of a labor complicated by a moderate degree of pelvic contraction is quite as serious as a case of appendicitis and that its proper management requires the highest degree of judgement and skill, and that eclampsia or placenta previa are even more serious.

At the present the average practitioner does not realize the existence of the former until irreparable damage has been done and usually considers himself quite competent to treat the latter. Instead he should place his patient (soon as the abnormalities are discovered) in an institution and secure for her the most expert help to be found, as he would do were she suffering from a surgical condition. The public should also be taught that the repeated birth of dead children indicates ignorance or neglect and could in a great part be prevented by proper care.

The laity should be taught that the average compensation for obstetric cases is usually quite inadequate for proper attention. They should understand that they cannot expect expert care for the poultry sum the majority of us now receive for conducting these cases. It is a well known fact that many well-to-do patients object to paying as much for the conduct of a complicated labor case to a successful termination as for the simplest surgical procedure.

Finally the laity should be impressed with the fact that the remedy lies in their hands and that they will continue to receive poor treatment as long as they choose their medical attendant on the recommendation of some foolish or ignorant woman (who is able to pay but has received gratuitous treatment) they will continue to receive what they deserve. If they desire competent attention they should go to a conscientious medical man for advice. As I understand it to satisfactorily conduct a normal case of labor means is to throw around our patients every protection necessary to prevent this physiological process from becoming a pathologic one. In the eyes of the better men of today obstetrics has attained the dignity of surgery and they maintain that the puerperant women should enjoy the same benefits as the surgical patient.

The satisfactory conduct of normal

labor then involves a knowledge of surgical technic of asepsis and antisepsis in reference to the physician, the patient and environments. The same minute attention to detail is required as for an abdominal section.

In conclusion I will say that I have learned from personal observation, consultation with other men in conversation and correspondence with the better men of the country that the present state as regards obstetric management is to say the least unsatisfactory throughout the whole country. In an analysis of the present situation by an authority it has been shown that many of the medical schools in this country are inadequately equipped for this work and are each year graduating hundreds of young men whom they have failed to train properly for the practice of obstetrics and whose lack of training is responsible for unnecessary deaths of many women and infants, not to speak of a much larger number more or less permanently injured by improper treatment. The average practitioner is not entirely to blame for his ignorance in obstetrics, usually he is benevolent and intelligent and as anxious to do good work as his more expert confreres. The fault lies primarily in poor medical schools, in the lower ideals maintained by inadequately trained professors and in the ignorance of the laity.

Were I to ask how many of you gentlemen here today are interested in the welfare of the women and children of our country you all would no doubt answer in the affirmative. Yet we must admit that the present state of obstetrical practice is far below what it ought to be. What may we do to remedy this condition? A few suggestions and I have finished:—

(1) Better equipped medical schools and more efficient teachers.

(2) Higher educational requirements for the admission of students.

(3) General elevation of the standard of obstetrics.

(4) Education of the general public.

(5) Development of lying in hospitals.

(6) The collection and dissemination of accurate statistics concerning the mortality of child birth as well as the injuries and illness which result from improper care.

(7) A resolve by every one that he will strive harder on every occasion to maintain a careful obstetric technic and that he will not attempt obstetrical op-

eration for which his training has not fitted him.

Gentlemen of the Tri-State the remedy lies in your hands. What will you do with it?

IMPORTANCE OF RECOGNIZING SURGICAL SYMPTOMS EARLY.*

By J. T. Burrus, M. D., High Point, N. C.

Having observed surgical conditions closely for a number of years I am forced to the conclusion that surgical mortality is possible of reduction to the extent of 40 to 60 per cent. I do not believe it possible for the surgeon alone to do this; therefore, the question naturally arises upon whom shall the responsibility devolve.

Living as we do at the present in a day of specialism, men who do very much surgery are removed from general practice either through their own election or by the will of the people; therefore, the general practitioner is our hope in the solution of this problem. Let me say right here that any remarks I may make are not prompted by a critical attitude, but the motive is simply one of awakening the man on the firing line to the glorious opportunities in diagnosis and prompt therapeutics that at all times surrounds him.

Appendicitis is probably as definitely a fixed surgical condition, even in the lay mind, as exists today, yet we constantly see cases coming in that have gone to the rupture state. If these cases of appendicitis could be operated when the patient is seen in the being of an attack with the symptoms of pain, nausea, vomiting, localized tenderness, possibly some rigidity and a rise of temperature we would have no deaths from appendicitis.

In gall bladder troubles the early symptoms of discomfort in the stomach, large accumulation of gas with the so-called heart burn, fullness and constant tenderness over the gall bladder region are enough to direct attention to the gall bladder and justify serious surgical consideration.

In gastric and duodenal ulcers which have gone on and on with their very clean cut train of symptoms until a cicatrix so thick and dense has formed and closed the pyloric opening to such an extent that the surgical condition assumes an acute attitude and thus makes for a

*Read before the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

larger mortality; could these cases have been referred earlier the mortality from this condition would have been greatly reduced, and greater than the mortality would be the reduction in the number of cases of cancer of the duodenum and pylorus. Early interference in gastric and duodenal ulcer and gall bladder troubles would probably make itself felt in reducing the percentage of pancreatic involvement.

In intersusception in children when the first symptoms of nausea and vomiting, the first stool showing mucus and more or less blood tinged, following this an inability to affect any further evacuations, sunken orbits, anxious expression, cold skin, and often times scaphoid abdomen present themselves, it is at this early period that these children should be treated surgically, and when so treated we have reduced our mortality from this distressing condition 100 per cent.

In rupture of the duodenum and other portions of the small intestines a quick operation is necessary and a quick operation only will save lives in these conditions. This is especially true of typhoid perforation. The attention which has been recently drawn to intestinal stasis calls to our mind only the more forcibly the importance of recognizing closed guts or guts whose lumens are so diminished by adhesive bands that the alimentary contents cannot pass and resulting often in an intestinal block. These conditions should be recognized early and when treated according to methods vouched for as being safe by our learned teachers, we will have few if any deaths from intestinal obstructions.

In hernias where the opening admitting a loop of intestine or omentum or both is treated properly we will never have to resect an intestine as the result of a strangulation.

In my clinic I have just recently had a man 58 years old who has always enjoyed most excellent health with the exception of an old right inguinal hernia. He had carried this hernia for 30 years. Hundreds of times the intestines had passed into the hernial sack and filled the scrotum. Just as many times had he been successful in reducing it. On a Thursday night in last December a loop of intestine passed into his scrotum which he could not reduce; after exhausting all of his former methods in vain he called in a physician. The following Saturday morning he was referred to me. Upon opening, a mass of

gangrenous intestine incarcerated in the scrotum was found. Three physicians had formerly advised him to wear a truss, which he was of course pleased to do. Fortunately he recovered from the resection, but had a hard time and now his alimentary canal is lessened by two or three feet of small intestines.

It has only been recently that I saw a child who was most emaciated, extremely prostrated. The heart was displaced well to the right of the mid sternal line, and the lungs were crowded in the right thorax. This child had taken medicine of all kinds and after all pathys. The left thorax was emptied of a large amount of pus, which procedure enabled the little one to recover. I have known of a number of these cases to die as the result of an empyema rupturing into the bronchus and producing almost sudden death. The attendants in one of these cases told me that the physician in attendance had never percussed the chest wall during the entire illness.

In ruptured ectopic pregnancy a quick recognition and proper handling means all, life, mother, wife. Get a surgeon quick, give ether and arrest the bleeding.

In cancer of any part of the alimentary tract our only hope to give relief is an early diagnosis and early and complete resection of the part, removing all the glands contiguous to the affected area. If recognized early and treated surgically it is astonishing to see the remarkable recoveries that follow our efforts. I have in mind now a man who had cancer of the rectum. He underwent a Krasky operation, after which he gained very rapidly and now five years have passed and he is apparently well and a useful citizen. Cancer of the uterus or cervix if treated early, surgically, offers very much and a great many lives will be prolonged or saved. Cancer of the breast does not offer so much yet it is certain that our only hope is in the early recognition and thorough extirpation of all the parts affected. Cancer of the tongue comes as a horrible spectacle and we shudder to think of it, but I have seen patients live in comparative comfort for three, five or more years after the excision of part of the tongue.

In gun shot wounds of the cranium or stab wounds of the cranium every case demands an immediate craniotomy.

In closing I wish to say that I realize that it is bringing coals to Newcastle to urge upon an audience as learned, as competent and as conscientious as this the necessity of early diagnosis and early

reference of cases, yet if I can arouse in some man here present the determination to preach to the general practitioner in his district the gospel of "Do it now," then I will feel amply gratified with my efforts.

THE USE OF THE "TWILIGHT SLEEP REMEDIES" IN THE TREATMENT OF THE MORPHINE HABIT.

By W. C. Ashworth, M. D., Greensboro, N. C.

When the governments of the world are considering the advisability of the complete suppression of the opium and morphine trade, and our own country is making every effort to solve this great problem, a striking contrast is offered by the seeming apathy and indifference of the medical profession to the growing prevalence of the drug habit. If we are to delegate to the government the task of suppressing the growth of the drug habit, we should at least be deeply interested in caring for those who, now numbered among the thousands, seemingly depend on the drug for their daily existence.

In view of the fact that the habit of using morphine is very often introduced directly or indirectly through the medium of the physician's prescriptions it would seem that the responsibility of caring for those addicted to the drug rests primarily with the medical profession. It is a lamentable fact that through the neglect of this responsibility some very astonishing conditions have developed.

In the selection of a title of a paper to be read before the Tri-State Medical Society, in view of the above facts I have been prompted to write a paper on the use of the "Twilight Sleep Remedies" in the treatment of the morphine habit. In selecting this subject for a short paper I have no disposition to deprive the obstetrician of the great boon to women in child-birth, nor do I desire to exploit a new remedy in the treatment of the morphine habit. I merely wish to call the attention of the medical fraternity that Scopolamine and narcophine meet a long felt want for the unfortunate physician who is trying to rescue this large and unfortunate class of patients from the thralldom of habit.

The great desideratum in the treatment of the morphine habit, as you will all

agree, is to find some drug or combination of drugs that will render the patient insensible to the much dreaded withdrawal pains without doing injury to the patients mental or physical well being. That a morphine patient does suffer on account of the deprivation of his accustomed amount of morphine there can be no denial. It is true that at times the drug addict is a malingerer, and we naturally conclude that all of his pains are of psychical origin, but in reality they are just as real to the patient as the pain produced by the scalpel of the surgeon or that produced by the dentist when extracting a tooth; in fact I have had drug patients to beg me to pull a tooth or amputate a finger, or in some way produce real pain in order to give them a respite from the terrible non-descript torture they were suffering incident to the withdrawal of the morphine. Whether the pain or discomfort incident to the withdrawal of morphine (I mean to embrace all the active principles of all opiates in the word morphine) is due to the irritating effects of toxins imprisoned or manufactured by the morphine, or whether it is due to the irritant effects of the defensive antibodies on the delicate nerve endings I am unable to say, but that these patients do suffer the agonies of the Inferno I am prepared to admit.

Nature must set up a defensive warfare in the way of auto-protective antibodies in order to protect the morphine patient from the lethal effects of the inordinate doses of morphine which is his daily habit and upon which his daily sustenance depends. How else can we account for the escape from almost instant death of the unfortunate morphine victim, who takes from 20, 50 or even 100 grains of morphine daily? We may say that only a part of the drug is absorbed, grant the assertion, but how about its absorption when given hypodermically? I have come to the conclusion that the phagocytic or defensive action of the anti-bodies offers the only solution to this paradoxical problem.

When we take into consideration that every drug patient is a neuresthenic, we can appreciate the fact that the "Twilight Sleep Remedies" are valuable just in the same ratio as they are indicated for the prospective mother.

If we had only to deal with the negro and women of the primitive and barbarous tribes we would have no need of this remedy, but the women must pay the price of enlightenment and civiliza-

*Read by title at the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

tion. The more highly educated and mentally developed the woman the greater the suffering. The same is largely true of the drug habitue. It is not the uneducated or the degenerate who make up the army of drug users in this country. It is generally the man well educated and capable mentally to perform the great tasks of this life who falls victim to this habit. They too must pay the price of working and thinking under high pressure and usually we find this class of men to be mentally strong but physically weak. These men as a rule rank high in achievement and we cannot afford to let them fall by the wayside. It is our duty to do everything in our power to rescue these men who normally are valuable assets to the community in which they reside. We must observe closely and advise early, as every day the drug is taken lessens the chance of a permanent recovery and adds to the ravages of the drug.

As I said a few moments ago it has long been the dream, not only of the addict, but of the physicians treating them, that some day a drug, or a combination of drugs, would be discovered which would render the breaking of the bonds of the habit painless and permanent. It would not be amiss to deal briefly with the efforts made in this direction. The administration of heroic doses of bromide until a condition of bromidial narcosis is produced has been advocated by a few. It is needless to discuss this treatment as it has been weighed in the balance and found wanting.

There is a treatment, however, widely used and closely related to the use of "Twilight Sleep Remedies" which should have the careful consideration of every physician who has a drug habitue as a patient. This is the Hyoscine or "quick" treatment. A few years ago this drug was received as a specific by many practitioners. Laymen possessing business ability and a knowledge of advertising seized upon it and with "ten day" guaranteed money-back cures and every other ruse imaginable secured thousands of patients and tens of thousands of dollars. They marched along the road of prosperity but left it littered with nervous and physical wrecks. Every member of our profession should put forward his best effort to stamp out these parasites who prey upon the weak and the unfortunate.

And right here I wish to state the credit for the discovery of the use of

hyoscine and its related drugs in the treatment of these cases does not belong to anyone in this country. The hyoscine method as employed in this country is nothing but an adoption of the old belladonna treatment used for years and years in England and other countries, as well as in this country, before the present use of its derivative (hyoscine) was thought of.

Hyoscine and the many drugs related to it are among the most dangerous and insidious drugs known to the pharmacopoeia. They are no less dangerous even though in the hands of skilled physicians who devote all of their time and study to their administration. Any of these remedies if administered, as they must be in these cases, for several days in succession unless the patient is undergoing a severe eliminative treatment to prevent an accumulation of poisons endanger both the mind and body. Their use, however, in skillful hands and in institutions equipped for the proper handling of the patient under the influence of the drug has been rendered comparatively safe so far as the life of the patient is concerned, but unfortunately their record of permanent cures condemn their use. Careful statistics kept of the ultimate results have caused many neurologists, who a few years ago received them with open arms, to abandon the hyoscine treatment. Like many of them I thought for a time that I was having success with their use, but careful investigation showed that the percentage of relapses was far above those when the gradual reduction system was used.

It is to be deeply regretted that physicians, many of whom rank high in their profession, make extravagant claims when writing about the percentage of permanent cures. A few weeks ago I read an article in one of the medical journals by a man who is looked upon as one of the greatest specialists on the drug and alcohol habits in America and was astonished to find that he was claiming better than eighty per cent. of cures. That he was sincere in his statements and had no desire to mislead anyone I do not doubt but the fact remains that such statements do great harm. The drug addict and the alcoholic reading that statement will consider their affliction a minor affair and easily cured without any great effort on their part. The doctor, in question, like many others, go over the list of patients treated and write to each one enclosing card or stamped envelope for reply. Upon the answers received they base their estimate. Let us

consider this system and see if it is reliable enough to base statements in black and white upon. Say we have treated a hundred patients, and sent out such letters to each of them, say that we receive forty answers (in reality we would get about thirty) and of the forty, thirty state that they are cured. Would we be justified in stating as a scientific fact that a certain treatment averaged seventy-five per cent. of permanent cures? What are we going to do with that sixty that remain silent? We know that a person who has successfully made the fight against a relapse wishes it known to the Institution in which he was cured. We also know that it is a fact that a patient who has relapsed does not want it known unless he is prepared right at that time to return for another treatment. Be careful gentlemen and do not mislead the drug taker or the alcoholic, as they will make a harder and more persistent fight if they know the odds against their winning and losing are about even.

I made the statement that hyoscine and the "Twilight Sleep Remedies" were closely related. Let us see what this relation is and if they are closely related why should the ultimate results be so different? The chemical composition of hyoscine and scopolamine are very similar, and it is nearly impossible to distinguish between the action of the two drugs. But when we combine scopolamine with morphine in the correct ratio, and to get this combination correct is very important, we have a drug whose action on the human system is much different.

Most of you are familiar with the action of hyoscine. You know that its action is variable in different patients and often the same size dose, administered in the same manner has an entirely different effect, and often an alarming one, in the same patient.

In administering the "Twilight Sleep Remedies" to render the patient oblivious to the pain caused by the withdrawal of the drug we modify the consciousness in such a way that the patient has no recollection of suffering when the ordeal is over. The success of the treatment depends upon the skill with which the doses of the drugs, and in particular the successive doses, are adjusted and also upon the administration of purgatives, for without a thorough elimination twenty-four hours before and all during the administration of the drug the treatment will be a failure and the brain and life of the patient placed in jeopardy.

The users of the hyoscine treatment discontinue its administration if they do not secure from ten to fifteen evacuations every twenty-four hours during the entire time of the giving of the drug.

Using the "Twilight Sleep Remedy" this purgation need not be so severe, but must be thorough as both drugs are very cumulative. It cannot be handled with impunity and under no circumstances should it be administered except by a skilled physician.

We do not wish to produce complete but only partial narcosis. If it was a mere question of giving hypodermic injections until unconsciousness took place it would be easy of administration but if used in this manner sanity and even life will be the price paid. The regulation of the dose is the secret of its success, not only in obstetrics, but in the treatment of the drug habit. Pain can be annulled and the drug used by the habitue withdrawn without full narcosis and without the shock to the nervous system which in my observation is the cause of the failure of the hyoscine treatment to give permanent results.

The patient should retain consciousness and at all times be more or less cognizant of what is going on around them. They may even go to different parts of the building under the care of a nurse but their capacity of memory must be lacking or they will suffer. In this mental condition they may claim to be in great pain and apparently suffering. They may beg for their accustomed dose of opium, but a few minutes later they do not recall asking for it. Often the patient recalls nothing which has happened during the time of the treatment though their actions at all times have been normal with the one exception of the loss of memory. This condition of seeming suffering and asking for relief can result seriously if the person administering the drug is not careful and has not a trained and resourceful mind; trained to observe closely and resourceful enough to quickly put to the test that patient's real condition. To give them another dose of the remedy might result seriously if it was not needed. I cannot too deeply impress upon your mind the fact that this drug cannot be given by the clock. You cannot leave instructions with a nurse to give every three or four hours, but you must every time apply the memory test. In the Friburg hospital the patient is shown an object and a few minutes later asked if she has seen it before. If she remembers another dose is indicated, but

if she does not remember then her condition is as it should be and no other dose is administered until memory returns. This condition of the mind is peculiar and resembles hypnotism yet it is not. It is only the action of the combination of drugs on the central nervous system.

Much could be said of this mental condition of the patient when the drug is scientifically administered. There should be none of the maniacal delirium or profound narcosis often seen under the hyoscine treatment. There should be no wild, staring look in the eyes or distortion of the countenance, nor should there be any hallucinations. These conditions come from poor elimination or an overdose of the drug and result in temporary, if not permanent, mental derangement. The patient should be awake yet record no mental record of events. Time does not allow me to dwell longer on this interesting mental condition so I will take up briefly the technique used.

On entering the institution the patient is examined thoroughly, blood, urine, etc. A suitable tonic is then prepared, a system of baths mapped out, a course of electric and massage treatment begun and every measure known to medical science employed to improve the patient physically and to awaken the nerve, flesh and blood cells which have long been dormant under the effect of drugs. Very important at this time is a course of purgatives to be continued until the first dose of the "Twilight Sleep Remedies" are given. During this preliminary treatment the drug is gradually reduced. The length of time this treatment is continued depends upon the condition of the patient as we have found it by careful examination and observation. Experience in hundreds of cases has taught me that a large reduction can be made in the amount of drug used without the patient suffering. One to two weeks is the usual time for this treatment. The reduction of the drug is so gradual as to cause no suffering. During this time we administer remedies which we have found of great value in these cases.

Our patient is now ready for the administration of the "Twilight Sleep Treatment". This is usually started early in the evening and is given in small doses repeated until the desired effect is produced. This effect has already been described. Twenty-four hours before the first dose is given extra large doses of purgatives should be administered and this purgation continued during the treatment. Three or more evacuations every

twenty-four hours must be secured. If for any reason this thorough elimination cannot be secured no more of the "Twilight Sleep Remedy" is given until the purgatives begin to act freely. The patient is kept in this condition of partial narcosis for 18 to 24 hours, when no more of the drug is given, but the purgatives are continued until the patient regains normal memory which if the treatment has been skillfully administered and the purgation free occurs in six to twenty-four hours. The patient remembers nothing which has occurred during the time and is surprised to know that they have had none of their usual drug except that administered in the first few doses of the "Twilight Sleep Remedy" as we substitute another drug for the morphine or narcophine after that time. From this time the patient rapidly gains strength and weight and in a week or ten days they are feeling so well that it is hard to prevent them from returning to their work and trying in a few weeks to repair the damage done to their business or profession caused by their use of drugs. When necessary this treatment can be completed in a few days from the time the patient enters the sanitarium, but three or more weeks are better.

I have just said that another drug is substituted for the morphine after the first few doses of the remedy are given. I purposely did not mention this drug. I am content after full consideration, experimentation and practice that the use of this remedy, when correctly administered, offers the unfortunate habitué the quickest, most painless, safest and best of all the most permanent remedy for the drug habit now in use. To see its usefulness and its power for good destroyed by its being snapped up and exploited in the new papers etc. by fakers and get-rich-quick schemers would be a misfortune to the profession and thousands of addicts. It can only be used successfully by those of our profession who give it time and study, and much damage would result from its use by the "three day, guarantee or your money-back" fakers who are filling the asylums and some graves by the ignorant use of hyoscine, atropine and other powerful drugs and who have sent not a few poor victims to a suicide's grave because they had to return to the drug after taking the so called cure and who thought there was no hope. I make no secret of the drug used and any reasonable member of the profession can learn every detail of my treatment only for the asking.

In conclusion I wish to say that unfortunately the introduction of the "Twilight Sleep Remedies" in this country has met with more or less opposition from some of the medical journals. This was caused largely by the exploiting of the remedy in the lay press.

When I left this country about a year ago for Europe in hopes of finding some method of treatment which would be an improvement over those in use here, I did not even consider the "Twilight Sleep Remedy" a possibility. However, after watching its administration at Frieberg, and after studying their methods I returned home confident that it could be adapted to the treatment of the drug habit. I employed a laboratory expert and others and went to work on the problem. We had a missing link to find as we had to drop the morphine from the remedy after the first few doses. We also had to adopt a remedy previously used for a few hours to one which could be used for several days and there were other details which confronted us but to one who has watched the suffering of a patient under other treatments and who observes them under this treatment, will realize that the result was worth the effort and our labor not in vain.

TUBERCULOPHOBIA — CAN IT LONGER BE EXCUSED AS AN ADULT ENTITY?*

By Lucius B. Morse, M. D., Hendersonville, N. C.

The writer desires in the beginning to limit the definition of tuberculophobia to its etymological significance, viz.: a morbid, unreasonable fear or dread of tuberculosis; in contradistinction to the normal, reasonable precautions which all thoughtful people take against the contraction, not only of tuberculosis, but of any other disease.

That this same unreasoning fear has in recent years spread amazingly throughout the civilized world, admits of little doubt. Indeed the magnitude of the malady is quite extensive, a very large proportion of the population being affected by it in greater or less degree. This, seemingly, is rather paradoxical when one calls to mind the fact that no similar tuberculophobia existed even three decades ago, when, indeed, the likelihood of developing tuberculosis was manifestly greater, and the possibility of

a cure was correspondingly less.

Doubtless the discovery of the tubercle bacillus initiated the phobia. Out of this discovery, together with its definite relation to the disease tuberculosis, so brilliantly established through the operation of Koch's laws, there has evolved a mass of literature bearing on the mode of transmission of the disease. In the "education" of the public, every physician recalls the warfare that took place as to whether the disease should be styled "contagious" or "communicable." All agreed that tuberculosis did not conform to a time honored definition of a contagious disease. The word "communicable" was criticized as being unwieldy and quite devoid of definite meaning. All the while the public was demanding "enlightenment," so the expected happened, viz.: the doctors disagreed; the more zealous members leaned towards "contagion," while the less strenuous body stood by the word "communicable" as being quite strong enough for the popular mind.

It must be understood, however, that each group, indeed the entire medical profession, was working honestly and conscientiously, with the knowledge which they then had, looking toward the eradication of tuberculosis both by prevention and cure. The medical profession honestly believed at that time that clinical, adult, pulmonary tuberculosis was, in practically every instance, a comparatively recent infection. The theory seemed to be established as a well proven fact, and out of it has grown a campaign against the disease the equal of which has never before been known. The campaign has essentially been one of publicity. Never before has the public been so taken into our confidence.

The mystery enshrouded medicine of the past was superceded by a medicine in which the public was told plain truths, a custom that has justifiably come to stay, but, nonetheless, is fraught with many difficulties because of the inability of the public to properly interpret scientific knowledge, and what is more important, is the appreciation of the limitation of knowledge.

In the anti-tuberculosis crusade the perversion has taken the form of a very general morbid fear or dread of the disease that amounts in not a few instances to positive obsessions. Not a few physicians have been afflicted with the malady. I knew of one patient whose regular family physician refused to treat her when a diagnosis of tuberculosis had been

*Read before the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

made. Another patient stated that she so disliked to return to her family physician because he was so visibly afraid of the disease. Every one is familiar with the fact that tuberculous patients were barred from the general hospitals all over the country even when there was no place for them to go save to their homes where, with no adequate sputum control, the menace was vastly greater to their children than it could possibly have been to other patients even in open wards. That this was a mistaken danger is proven by the fact that in many of our large hospitals, that are used for teaching purposes, these same patients are now being taken back.

The public at large, however, even yet, is more or less loathe to be even temporarily in the presence of a tuberculous individual. The most scrupulously careful person, when out in public, is all too frequently looked upon as some one who ought not to be at large, even to being shunned as though he were a leper. Nor do many of them discriminate between the careful and careless patient. I have known numbers of patients who were virtually barred from their homes because of the fears of one or more members of their families.

The public has another frailty, founded on a rather substantial base of incredulity. They will believe some things that the medical profession gives out, and utterly refuse to accept others. This is demonstrated in the wide-spread skepticism regarding the efficiency of the fumigation of rooms occupied by tuberculous patients, even when it is followed by thorough cleansing, calsoining, papering, etc. The property of a tuberculous patient, his home, his grounds—everything with which he has come in contact, is looked upon with suspicion.

Now all these facts (and their number could be multiplied indefinitely) would be serious enough if they were founded on a real substantial danger. Does the danger exist? If it does, then we would perhaps better permit the present order to continue, if by so doing we are lessening the number of people infected with tubercle bacilli, and if it can be shown that the present lessening of the incidence of the disease can be attributed to this cause. If, per contra, it can be shown that there has been no lessening in the number of people infected with tubercle bacilli, and that the decrease in the number of cases of clinical tuberculosis is plainly due to other causes—then surely the wide-spread tuberculophobia now existing is

unwarrantable.

Now what are the more recent contentions in regard to the probable origin of tuberculosis? Briefly, the positions now held by reliable investigators generally are these:

(1) That the disease tuberculosis is practically never inherited.

(2) That the infection is a post-natal occurrence.

(3) That there is a constantly increasing percentage of those thus infected from infancy on throughout childhood up to adolescence, at which time probably ninety per cent. or even more are infected, either actively or, more commonly, latently-tuberculized.

(4) That infections from without after maturity are probably relatively infrequent because nearly every one is tuberculized.

(5) That latent foci, as the result of earlier infections, so long as they are quiescent, moderate in number and non-destructive in character tend to confer upon the host an increased immunity over persons not so infected.

(6) That the earlier years of life are the safest period in which to establish such relative subsequent immunity.

(7) That when an active infection in adults is known to be a primary one, the disease is almost certain to be both rapid and fatal.

(8) That the incidence of a clinical, manifest tuberculosis later in life is due to an internal or auto-infection from liberated tubercle bacilli due to the activation of previously latent foci of infection.

Now let us see if these contentions can be substantiated on post-mortem, clinical, experimental and epidemiological grounds. That the disease is practically never inherited, and, is in truth, a post-natal infection, are established facts so well recognized as not to warrant comment.

That infections with tubercle bacilli practically always take place in the earlier years of life has now been proven by two lines of investigation, viz.: more accurate and painstaking autopsies and by the extensive use of the tuberculin test. Published reports of thousands of autopsies show that from seventy-five to ninety per cent., or even larger, of all persons dying from whatever cause, show unmistakable evidence of the subject having had a tuberculous infection at some prior time. The more carefully conducted the autopsies, the more certainly has the evidence been forthcoming; and, too, when adult autopsies alone are analyzed,

the proportion rises to nearly 100 per cent.

The large number of tuberculin tests that have been made in the last few years upon thousands of people, more especially upon infants, children and adolescents have confirmed, even in a more delicate manner the autopsy findings. These tests have proven that with each succeeding year from birth on there is a progressive increase in the relative number of people reacting positively at any particular age, so that at maturity "practically every one is infected." Most of these investigations have been conducted in cities. The work done on children in rural districts has been relatively meager, and, apparently, an appreciably smaller percentage are sensitized to tuberculin, the proportion being about one to two in favor of the city reared child of the same age.

Some have contended, because of these revelations, that tuberculosis is essentially a child disease. Is it not nearer the truth to state that the great frequency of the initial infection in early life is rather due to the ubiquity of the tubercle bacillus; for, as I shall endeavor to show later on, adults known to be uninfected may and do become easily infected, and, too, with the graver types of rapidly progressive tuberculosis. Added to the ever-present tubercle bacillus, must be taken into consideration the habits of children, viz.: that of crawling about on floors, putting any and every thing in their mouths, etc., all of which renders them more vulnerable to an early infection. Tuberculosis among civilized peoples may properly be called a child infection, but not peculiarly a child disease in the sense that the uninfected child is more likely to contract an infection than is the uninfected adult. Doubtless the reasons prompting the suggestion that tuberculosis should be considered as a child disease, is due to the relative rarity of uninfected adults.

Probably the weakest link in the whole chain centers about the contention that reinfection, or super-infection from without, in tuberculized adults, is probably rare. It has long since been a common observation that in writing the histories of tuberculous patients that it was practically impossible, in the great majority of instances, to satisfy one's self of an immediate source of infection. There is the usual story of a "run down" condition of the body from one cause or another followed by an onset of the disease; but no clear cut relation from an effect back to a probable cause, as can so clearly be traced in many other infections.

Now while this is interesting and perhaps suggestive, it is far from being conclusive.

More scientific and to the point is the recent thought that, as a result of mild foci of former infections, the patient develops an increased immunity through the stimulation of the tissues, which in turn are capable of protecting the patient, under ordinary circumstances of health, from a further infection from the tubercle bacillus—all of which is substantially a reiteration of the fifth contention above made, viz.: that these latent foci, so long as they are quiescent, tend actually to confer an increased immunity against a reinfection. This is fully in accord with the theory of vaccination in general.

In substantiation of this theory, it is interesting to note that various animals have been rendered increasingly immune by injecting live tubercle bacilli in gradually increasing numbers. Roemer with sheep and Siebert with guinea pigs have in this way protected such animals for some time against lethal doses of tubercle bacilli over that of controls, similarly inoculated. It must be understood in this connection that there is no such thing as an absolute immunity in the human body (or in lower animals, for that matter) against an infection from the tubercle bacillus. All can, and most do, become infected sooner or later.

Now if the theory be correct that we are in a real measure protected by these mild infections—tuberculinizations—and so long as we know no other way of producing such a partial immunity, it is fortunate that it is established in early life, not only for the future protection of the adult but because it is attended with less harmful results. In substantiation of this it is only necessary to recall the fact that in civilized countries practically the entire urban, and a large proportion of the rural population has become tuberculized at maturity, and the corresponding death rate from this disease during the same period—childhood and adolescence—is very low.

Now let us consider the next contention, viz.: that when uninfected non-tuberculized adults become infected, that the disease nearly always runs a rapid and fatal course. Only recently Fishberg has made a most exhaustive epidemiologic study of this very phase of the tuberculosis problem in which he has compiled the observations of a large number of investigators working practically in every remote country in the world.

Now it has long been a recognized fact

that the more isolated and primitive the people of a country were, either geographically or commercially, the more free from tuberculosis were they likely to be, even to the disease being unknown. This can only be explained on the ground of an absence of the infecting organism. Now, with the entrance into these remote localities of civilized man, there has ensued with amazing uniformity an outbreak of tuberculosis among the natives, owing to the importation of the tubercle bacillus.

What is even of more interest and significance, however, is the fact that almost invariably the disease runs an acute course—a speedy death almost invariably following. The infections, too, are much more likely to be hematogenous in type, as instanced by the large number of cases of acute miliary tuberculosis or of cases characterized by an extensive involvement of bones, joints, glands, viscera, etc. Chronic tuberculosis in these people is rare. He especially calls attention to the veritable decimation of the American Indian from tuberculosis upon the advent of the white man.

It is also known that after one or more generations these same people acquire a greater degree of resistance to the disease, with the advent of the more chronic manifestations, but that they always remain more susceptible than is the white man. Confirming this theory is also another most interesting clinical experience with which many physicians have long since been familiar. I refer to the fact that tuberculosis among people in rural districts in our own country show a lessened degree of resistance over city dwellers, as evidenced by a more rapid progress of the disease.

Now all this would seem to prove three things, viz.: that remote and isolated people are more susceptible to the disease because they are non-tubercularized; that when succeeding generations become thus mildly infected that they become correspondingly increasingly immune to the clinical forms of the disease, and lastly, that a sustained greater susceptibility to the disease is only to be accounted for by a lessened racial immunity.

That this last conclusion would seem to be justifiable, is proven by the converse of the proposition, viz.: the well known circumstance of racial immunity of the Jews. Here are a people who for two thousand years have been city dwellers, living in the very midst of highly infected surroundings, particularly the poorer classes; yet, notwithstanding these unfav-

orable conditions, the Jew is only from one-half to one-third as susceptible to clinical tuberculosis as is the gentile, and acute phthisis among them is most unusual. In this connection Fishberg states that "in a practice of seventeen years among them (Jews) seeing many thousands of consumptives, I have only twice met with cases of acute miliary tuberculosis," and further he says that "a case of phthisis lasting less than one year is exceedingly rare."

While, as stated above, the instance of the Jew, is in the nature of adverse evidence, I think from it, and other evidence cited, that we are justified in drawing the double conclusion regarding the increased vulnerability of primitive or isolated people, viz.: that of non-tubercularization on the one hand, and a diminished racial or hereditary immunity on the other.

As a result of all the foregoing negative evidence—as much of it is—it, nonetheless, justifies the validity of the final contention, viz.: that clinical tuberculosis in the adult, civilized man is more commonly the result of a liberation of tubercle bacilli due to the activation of previously latent foci of infection.

I would not for a moment want to go on record as insinuating that a re-infection of tubercularized subjects is impossible; but I do believe that when such re-infections take place that they must result from massive doses of the germ. Even the instances cited by Sachs, as rendering probable such re-infections, in cases where whole tenement families come down with the disease, the element of a seriously diminished resistance must not be lost sight of; but, likely, in these extreme cases, both factors are operative.

In conclusion, and in support of my belief that the general fears of infection, or more properly re-infection, are unjustifiable, permit me to cite a few pertinent facts: The number of cases of healthy persons in sanatoriums and in every fairly cleanly family harboring tuberculosis, who themselves contract tuberculosis, is practically nil in the first instance and low in the second. It has been proven statistically that the wives of tuberculous husbands and the husbands of tuberculous wives have even an increased life expectancy over the average. If the disease were one-tenth as contagious as it is so commonly looked upon, there would long since have been a veritable decimation of the entire human family.

Briefly, the double aim in the campaign against tuberculosis must be to bring about by every means at our command

the highest physical perfection of the individual on the one hand, on the other to protect the young from every source of infection, not so much with the thought of keeping them from becoming tuberculized (this will take place despite our efforts) but rather to obviate the possibility of a massive infection, wherein lies the real danger.

THE ADVANTAGES OF MEDICAL ASSOCIATIONS.*

By Edward C. Register, M. D., Charlotte, N. C.,
Editor of the Charlotte Medical Journal;
President of the Charlotte Sanatorium;
Ex-President North Carolina Medical Society; Ex-President
Board of Medical Examiners of North Carolina.

Gentlemen of the Tri-State Medical Association:

You will allow me, I am sure, to say how happy was the choice that brings us together in this good city of Charleston. Here perhaps more than any other place in America one feels the fineness and charm of all that made the Old South illustrious in song and story, and also the quickening pulse and hope of the South that is to be. Surely Charleston wears the glory of both yesterday and to-morrow. We count ourselves happy to be within her gates, here where the chivalry of the South, in two historic wars, illumined the annals of our race; here where this city, the virgin daughter of our civilization, is still unfallen, having refused to bow down before the altars of the golden gods; here where the mellifluous voice of the sea, the grave sweet bells of St. Michaels, and the song of quickening industry unite in a harmony that charms our souls.

The eminent physicians and surgeons who through your trust and courtesy, through your personal preference and beneficence, have been permitted to occupy this position, have referred to its honor, to its responsibility, to its obligations, and most feelingly and appropriately to those who have preceded them. When I recall these beautiful references, when I think of the brilliant men who have preceded me as presidents of this association, I feel very deeply my inability to serve you as acceptably as they.

*President's Annual Address. Read before the Tri State Medical Association of the Carolinas and Virginia, Charleston, S. C., February 17, 1915.

Only with your sympathetic support and kindly advice can I hope to sustain the high traditions of this office. I am reassured by the knowledge that I have in you, as co-workers, the sustaining help of no insignificant body of men. After attending these meetings with almost perfect regularity since the Association was organized, I have often remarked that the papers read at your meetings and the discussions are equal, from a scientific standpoint, to those of any medical organization in the United States. The members, as a rule, are thoroughly familiar with the medical and surgical advancements of the day and the many facts and theories that are appearing with such rapidity in every department of our science. By these things I am led to hope that the day is not far distant when we will occupy a larger place among the creative and contributing scholars of our science, when our dependence upon the medical investigators of other sections and other nations shall be greatly decreased, when out of our travail shall be born men worthy to lead the advancing hosts of medicine and surgery into the light of a more perfect day.

I have chosen to speak to you, gentlemen, upon "The Advantages of Medical Associations." And first I speak of that advantage for which I shall be compelled to coin a term, there being none in use which sufficiently defines my meaning. With your permission I shall call it the process of intellectual confluence. By this phrase I intend to convey an idea of that system of transportation in the kingdom of mind by which the ideas, discoveries and experience of the isolated and individual seeker after truth find their way into the thought and usage of our whole profession. This process is, of course, not confined to us alone. On examination of the journals of the learned scientific societies of Europe, one will see how large a place the process to which I refer has among the greatest scholars and savants of the world; and in proportion as our science is more vital to the physical well of man, in that proportion should we feel a greater sense of consecration to the most approved scientific processes. An illustration will perhaps make most clear the meaning that I intend to convey by the term intellectual confluence. A raindrop, driven by the wind, falls in the mountain forest. Apparently it is lost, lost to the thirsty field, lost to the power of the waterfall, lost to the lordly river. But observe. The wisdom of the great and mysterious All-Mind has made

a sure path by which that drop of rain finds its way at last into the river's fullness, to add to its power, to quench the thirst of fruitful fields, and to bear the commerce of the world upon the broad bosom of confluent waters, such as the Ashley and Cooper rivers, upon whose historic banks we are met. There is need for a like process in the world of mind.

Into the mind of a physician who rides on his errand of mercy in his isolated and sometimes lonely country side, perhaps through that same mountain and silent forest an idea falls, an experience comes, and possibly a valuable discovery is made. How will that discovery become the valuable property of our whole profession? Shall it die with its discoverer, and let some fever still burn away the vital power of weary thousands until some other man shall stumble upon it? Clearly there should be an intellectual stream-path by which the truth or discovery can find its way to the universal medical mind. This is precisely one of the most vital functions of the wisely wrought chain of medical associations, by whose intricate and far-reaching ramifications, like the confluent rivers, such individual discoveries may be drained into the records of the central association. The physician of the mountain forest discusses his new treatment with a little group of local associates, and they in a larger group, until by a sure process, through state, tri-state and national associations, their ideas, if valuable, come at last to be the property of our entire medical profession. This particular advantage of the medical associations merits our deep consideration. We cannot overstress this function, this process of intellectual confluence, that drains into our intellectual profession all the valuable medical facts and investigations from all the individual workers in the world. It gives one very genuine sorrow to think how much has been lost through the long ages of the life of medical men upon this planet, because so many facts, truths, ideas, processes and discoveries have died with their discoverer. One cannot stand, as it has been my good privilege to do, among the bleak and sandswept ruins of the civilization of the Egyptians, without being touched by a knowledge that many of those things that made Egypt great have been lost, and some of them even yet undiscovered. And when we think by what a narrow margin of seeming accident most of our boasted medical science has been stumbled upon, our minds are filled with a sense of urgency to do every-

thing to save, perpetuate and safeguard as a golden treasure all those sometimes seemingly small contributions of experiment and experience that go to make the glory of our science. If we had the records we could count thousands of valuable discoveries in our science which have died with their discoverer for lack of a system of intellectual drainage and confluence by which these things might have been taken up and perpetuated for the good of mankind. I know of no better illustration of this process of confluent thought than the circumstances attending the famous discovery of Tischendorf. This eminent German scholar came at night to the door of a monastery on the lonely and tradition-crowned summit of Mt. Sinai. He was admitted by the hospitable monks, and slept in the holy stillness of that mountain cloister. While sitting in the library, he noticed in a waste basket a fragment bearing the Greek words "kata Matthion." To his keen scholar's eye it was evident that this fragment was from an ancient Greek manuscript. By reporting this to various learned societies it was finally established that this manuscript was the oldest copy of the oldest and most valuable of books, and it rests to-day in the Imperial Library at St. Petersburg. The point is if Tischendorf had not reported to his learned society, if he had not formed the channel for the flowing of that knowledge to the world of scientific scholarship, this priceless treasure would still be hidden in the dusty alcoves of its lonely cloister.

Gentlemen, how truly this illustrates the probable loss of knowledge of untold medical value that sleeps to-day with the withered dust of some unknown physician or surgeon who allowed his knowledge to perish with his body. And how fortunate it is for mankind, the weary sufferer from many ills, that we have brought into existence that system of medical association which seeks out and records for all time whatever may be of service to our science. No one can doubt the genuine benefit, in its service to mankind, of the humblest medical society.

To the end that our society may perform with utmost fidelity this vital function, may I be allowed to add that every member should feel a keen desire to preserve and transmit for discussion every idea which even promises to be of value to our fraternity. It is my deliberate judgment that we should not confine our reports or discussions merely to those things of which we have become certain

and convinced. It is the scientific habit of mind to investigate those things which ever have the merest promise of value. Otherwise, the individual and not the collective judgment of the society would be the standard. Many of the most learned scientific societies in the world will investigate minutely and discuss exhaustively anything out of which there is the faintest hope that they may get a valuable truth. Suffer an example. Rumor of the intelligence of the Elberfeldt horses and the strange concomitant phenomena came to the ears of the scientific world. Did they dismiss the subject as unworthy? I find that almost all of the learned psychological societies of the universities of Europe sent commissions to investigate. Even the great Maettermann though the subject worthy of his lofty genius. To the humble stable of Elberfeld came the proudest sons of learning in the world, the immortals in the kingdom of the mind. This array of learning, these wise men of the West, seeking for light in a manger! What a lesson for us humbler searchers after knowledge! This is that rare virtue we call open-mindedness, the highest quality of those lofty men whose names shine like stars in the long and illustrious annals of scientific research.

There is an illustration, amounting almost to tragedy, of that temper of mind that rejects without debate a proposition which does not appeal to it individually. I have in mind the famous discovery of Galvani. No doubt you are all familiar with the circumstances that led to his astounding discovery. He reports the circumstances to his University faculty. Now here is the point. They scoff. They consider themselves above investigating froglegs, and by that attitude come dangerously near robbing the world of its most important physical discovery. But Galvani, though scoffed at on the street and called "Old froglegs" by his learned associates pursues his investigations, perfects the Galvanic battery and lays to the world of Science the wonders, mysteries and achievements of electricity.

I have said so thus far in elucidation of the reason that our society finds one of its greatest uses as a system of intellectual confidence. Let us turn now to the value of discussion. In seeking to make definite the advantage of discussion we have a fine light thrown upon the subject by the etymology of the term itself. The word discussion is derived from the Latin word *discutere*, and

therefore means to take apart, analyze, dissect, and criticize from every angle and every point of view. McCauley says of discussion: "Men are never so likely to settle a question rightly as when they discuss it freely." The reason for the great value of discussion is not far to seek. The view, or theory, or investigation of an individual is liable to many errors arising from his inability to investigate in all conditions and from every point of view. For instance, a physician, noting an improvement in a patient after the giving of a certain treatment, may conclude that the value of the treatment is proven, when it is possible that the improvement results from climatic, physical or other conditions peculiar to the individual patient. Clearly the treatment must be tried in different circumstances, upon many different occasions and upon many different patients before we will be able to say that the wisdom of the treatment is finally established. Now, it is just at this point that the value of discussion comes. If a hundred men, from different parts of the world, examine, criticize, and fully and freely discuss the question from every angle, point of view, and personal experience, the truth is very apt to be established either for or against the theory. All errors arising from mere personal and local antagonism and local environment will be eliminated and the result may be confidently relied upon. It is well known to this body of intelligent men that Socrates practised discussion as the fundamental of his process of teaching, saying that thus is truth established. It is surely not necessary to call your attention to the rise in the last century of the process of literary criticism, which is nothing more than discriminating discussion, in the learned world, that has corrected, defined, and established truth in all departments of intellectual activities.

This much must be said in all honesty as a limitation to the statements just made: discussion is valuable only in a company of men who are capable of intellectual detachment, by which I mean freedom from personal interests, prejudices, personal antagonisms and any other quality that prevents the sanest, calmest and most disinterested judgment. The type of man who can discuss rightly is to me very beautiful and very wonderful. He only wants to find the truth. The desire for personal triumph in debate cannot influence his judgment; he cares nothing for being in the ma-

jority; he discusses the opinion of his greatest enemy with unwavering justice, as much so as the opinions of his dearest friend; he welcomes difference of opinion because he knows that out of difference of opinion the ultimate truth is born, and in his heart all personal feeling or prejudice or enmity is lost in the presence of the need to find the truth. In the presence of the man who allows personal feeling to enter into his association with his brother physicians, we can have nothing but contempt. In the presence of the calm and exalted man that loves and seeks the true knowledge we stand uncovered. Such a man was Hunter McGuire, and his name has a permanent place in the honorable records of our profession. Such were almost all those men whose names are a part of the heritage of our science. I looked once upon the clouds that wrapped the lesser Alpine hills that were hidden by this somber mantle, but far above them lifted the imperial front of Mount Blanc, king of mountains, undisturbed by the driven mists of the vale, unshaken by the winds, calm and resplendent in his ermine mantle of unmelting snow. There are parts of our nature that become swept by personal feeling and prejudice, by a dark mist that is ugly and unmanly; but surely in most of us the love of truth, the love of justice, and the love of our noble profession is as Mount Everest, high exalted above all the winds that blow.

It is a most significant fact that in the world of literary genius, criticism and discussion are invited. Dante invited the criticism of his friends upon works that were to take their place among the immortal products of genius. Bacon, the marvel of information and expression, McCauley and Tolstoy, Hugo and Sue, all these sons of light invited the discussion and criticism of their friends. And Shakespeare, who shines among the sons of light as shines a star above the glowworms in the night, invited the keen edge of criticism from his illustrious tavern companions. In the field of art Reuben, Van Dyke, Leonardo, Rembrandt, and Raphael uncovered their immortal work before the cold scrutiny of those who could see the fault of line and color. And if these sensitive men bared the product of their toil, dearer to them than life, to the discriminating criticism of other eyes, surely we, though untouched by the flame of their genius, may still be their peers in sublimity of spirit. We, too, in the words of Tennyson, "May follow knowledge like a sinking

star beyond the utmost bounds of human thought."

We turn now to that advantage of medical associations that I will call co-operation. No man here needs to be told the meaning of this term. The world of the twentieth century is a commentary upon it; the advancement of mankind is an illustration of it. Anthropology is in a way only the story of the evolution of cooperation in human history. The mysterious Maker of this material universe laid the pattern deep in the nature of all created things. A rose is countless myriads of individual cells, yet so perfect is their cooperation that to us it is one single deep red rose. And so throughout this stupendous miracle and mystery of being the law of cooperation runs in unbroken consistency. Gentlemen, the world has found that there are tasks which one man cannot do alone; the day of isolated individual labor is forever gone. There are also tasks in our world of medicine which no man can accomplish alone. Some of us know the sorrow of a failure, but what one cannot do, all can do; where one fails, many succeed; individual effort against the great tasks are as a stone tossed by a child against the barren cliffs of Mount Mitchell. But the united strength of men could clear man's path even of that giant mountain.

Let us be more specific. You cannot bring a nation to pass progressive laws for health and sanitation, nor can I. But united, the cooperative brotherhood of physicians can bring any reasonable legal status to pass. What is it we cannot do if we deliver the full strength of our united purpose at one point? We have but to tell over our achievements in the past to know what we may accomplish in the future if we perfect our co-operative strength.

This perfected cooperation must come out of our willingness to work sympathetically with one another. We cannot all be friends, we cannot understand one another fully. But we can prevent our personal feeling from entering into our association, we can work side by side, we can estimate each other in our points of strength and not our points of weakness. Our cooperative endeavor will remove many misunderstandings and we will come to know each other better and like each other more. I found in wandering about the world, by the Tiber, by the Ganges, by the Yangtse Kiang, by the Nile, and by the Canton, that all barriers break down at last when

we have touched elbows even with an alien people. As I have said, sympathetic co-operation levels all barriers at last. Many friendships are born in our heart in these associations and some of us have found in such associations those friendships which Hugo says "Is one of the few pearls to be found in the shadowy folds of life."

Cooperation! What a word! Each working with all, and all working with each. Can any one doubt that we shall win our battles against low standards, in-different laws and deadly disease, if all work as one.

Let us now consider the value of publicity as one of the advantages of medical associations. You will recall that in the beginning of this address I made use of the figure of the circulation of a drop of rain. I left the figure purposely incomplete. That drop of rain must return to the forest, the flower, the field, the river, bearing in its arms the answer to Earth's parched lips. So, also, our task is not merely to gather knowledge but to distribute it, corrected, validated and certain, to all the needful world. How shall this be done? By leaving merely on our records here the results of our investigation? Clearly not. Medical truth must have some process of distribution by which our results may be known to those who have not the good fortune to attend our meetings. The medical journal is the bulletin board, the voice of your endeavors.

In general it may be said that the advantageous functions of the medical journal are two: distribution of medical knowledge, and a permanent archive of medical evolution. As a means of distribution of medical discoveries and advancement, the medical journal cannot be overestimated. By their combined interlacing and interlocking with associations the distribution of medical knowledge is greatly enlarged.

The second vital function of the medical journal is the preservation, as a record, of medical advancement. All literature has this function. In point of fact, we might define literature as the process by which the thought of all men is preserved for the use of each man, the thought of all generations preserved for the use of each generation. It is by the process of literature that one is able to know and associate with great souls of all time. Through the gateway of your library, you can sail the seas with Jason, battle with Ulysses on the windy plains of Troy, walk with Virgil and Homer along

the heights, sing with Dante and Burns, look at the morning skies with Turner, think with Emerson and Kant, and die at the stake with the martyrs and the emancipators of all time. So, in our medical records, may we learn at the feet of the great seers of our science, and preserve the light with which they illumined the night of man's suffering until all shadows shall flee at last before the oncoming morning of man's full physical emancipation.

—*New York Medical Record*, April 17, 1915.

Saratoga Springs as a Substitute for the European Spas.

The great therapeutic value of the waters of Saratoga Springs has become more generally recognised since the Springs have been under the administration and regulation of the State Government, who has equipped the Spa with all the latest appliances to render Saratoga one of the finest of the world's health resorts.

And now that the European Spas, such as Wiesbaden, Marienbad, Kissingen, Nauheim and others are not easily accessible, physicians will find an excellent substitute for their patients among the varied waters of Saratoga Springs, where the Nauheim bath system and many others are carried out with a high degree of efficiency.

Correspondence concerning the waters and the facilities is cordially invited by the Superintending Director for the Commissioners of the State Reservation at Saratoga Springs, N. Y. ad-9-15.

Glyco-Thymoline For Colon Flushing.

Inactivity of the colon with its retention of fecal matter and consequent distention and interference with the work of the rectum is a prime factor in the causation of hemorrhoids, constipation and in the event of septic matter in the feces, auto-infection.

The rapid elimination of all septic matter, and the promotion of an aseptic condition of the intestinal canal is within the province of Glyco-Thymoline. One pint of a ten per cent. solution at a temperature of 100 degrees introduced well into the colon will produce a quick evacuation without pain or discomfort. This followed by three or four ounces of a twenty-five per cent. solution at the same temperature, retained, will speedily restore to normal conditions by inducing exosmosis, relieving pain by its anesthetic property and promoting a general aseptic condition by its power of cleansing.

Charlotte Medical Journal

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**EDWARD C. REGISTER, M. D., EDITOR
CHARLOTTE, N. C.**

SIXTY-SECOND ANNUAL MEETING MEDICAL SOCIETY OF NORTH CAROLINA.

President L. B. McBrayer's Address.

The sixty-second regular annual session of the Medical Society of the State of North Carolina was held in Greensboro, N. C., June 15-17, 1915.

The State Health Officers' Association met the day previous. The State Board of Health held its annual session the same week, and the Con-joint session of the Board and Society was held as is customary on Wednesday of the session. More than four hundred and thirty registered during the session's slightly exceeding the attendance of any previous meeting of the state society.

The program was an admirable one in every respect and reflected the energy coupled with a wise and discriminating judgment, of the President, Dr. L. B. McBrayer, Sanatorium, N. C., and Secretary Dr. John A. Ferrall, formerly of Raleigh, N. C., recently with the International Health Commission of New York City, both of whom were active in arranging it and securing so many attractive papers.

The sixty-second annual gathering of North Carolina doctors will easily pass into history as one of the really great meetings of the body. Everywhere the best endeavors of the professional life of the state were in evidence.

The Health Officers' Association, the State Board of Health, the con-joint session of society and Board of Health, the work of the society itself, the report to the body of the State Board of Medical Examiners detailing the net results of their laborious week's work, beginning a week prior to the medical society's meeting and continuing through it; all point to the high degree of scientific interest and professional efficiency attained by the North Carolina organized medical men.

The numerous papers presented and the discussions, compare favorably with the scientific work of the best medical bodies, and when collected together in the usually attractive annual volume issued by the Society, constitute a record of which our medical workers may well be proud. The organization of the medi-

cal profession, and its output today, ranks it easily as one of the best working professions of any state in the union, and it behooves every doctor who has sympathetic regard for the general welfare of his profession to see to it that persistent and studious effort be made to keep its course in channels free of dangers. Comparing the splendid Greensboro meeting of 1915 with the Society of ten or eleven years ago when we were in the throes of "re-organization," all posted on, and with remembrance of the State Society prior to that important period in its history, will attest the great success attending that vitalizing movement. When the original "revision committee" (Drs. Way, Royster, Fletcher, Burroughs, Pressly) were appointed at Wrightsville in 1902, the Society had nearly 1,000 less annual dues-paying members than now, and there existed in the entire state only eight local medical organizations where now flourish ten times that number of excellent county and district societies. At the Hot Springs session, 1903, under the wise and judicious leadership of President A. W. Knox, supplemented with the presence of that efficient organizer, Dr. J. N. McCormack, the report of the "revision committee" was adopted without dissenting vote, the Secretary and Councillors elected for a three years' term. In the next three years the work was done—how well it was done, our present status of success, erected on the foundations then laid, attest. Of the efforts put forth by the men who organized the local county societies, there is really no written record, but those responsible for the work of the Society at that period know it was done at a great sacrifice of time and at the individual expense of the gentlemen composing the first council, (Drs. O. McMullan, D. T. Tayloe & J. M. Parrott, F. H. Russell, Albert Anderson, J. F. Highsmith, H. A. Royster, E. C. Register, H. S. Lott & D. A. Stanton, Thos. E. Anderson and J. A. Burroughs. Dr. Lott was succeeded at the end of the year by Dr. Stanton, and Dr. D. T. Tayloe, becoming President was succeeded by Dr. Parrott.)

And their affectionate interest in the work of the Society is abiding and continuous, without a single exception, those of the first council living, each being present at the recent session. The greatest good of the work of the councillors lay perhaps in securing the development of an active interest in the State Society and its work by scores of excellent gentlemen, many of them in midlife, who un-

til the reorganization were never members of, or attendants of the State Society. Many of these gentlemen are now among our most valued associates in the Society, attending its meetings and participating in all its doings, with possibly the single regret that they did not in earlier life interest themselves in their profession's organized effort in their home state. This much for the keeping of history!

But back to the recent Greensboro session: The President's Address by Dr. Lewis B. McBrayer, Sanatorium, N. C., was a thoughtfully conceived and carefully planned review of existing conditions in the organized profession of the state, its relations to the public and to itself. As a rule, the presidential discourse is a contribution to itself, in a class comparable only with other presidential disquisitions of former years, and to be listened to respectfully or with deep interest, as the hearer wills, then later to be studied with care.

Dr. McBrayer's impressive personality, and his manifest deep concern in all his utterances, coupled with the fact that his address was one of much general interest to the Society, gave him an attentive and appreciative audience during the hour of its delivery, and later from every side came words of congratulation. His esteem of the honor of being President; kindly reference to the work of the Secretary of the Society; to the State Board of Health, and its enlarged responsibilities; the control of cancer; the great and ever growing tuberculosis problem; the conservation of vision; narcotics, and the relation of the state and profession thereto; the last North Carolina Legislature and its doings; medical society politics and policies, an urgent plea for the development of the spirit of co-operation—each of these, and minor themes as well, were handled in masterly manner to the gratification of his many personal friends who knew that Dr. McBrayer would deliver a fine address, and the mental uplift of the audience who thoroughly enjoyed it.

THE NORTH CAROLINA STATE BOARD OF HEALTH AND WHAT IT IS DOING IN 1915.

Time-honored custom has established the meeting together at noon of the second day of each annual meeting of the Medical Society of the State of North Carolina, and the State Board of Health. The session of the Society at Greensboro in June, 1915, was no exception to the

rule and promptly at noon on Wednesday the President of the Board of Health, Dr. J. Howell Way, called the conjoint session of the Society and Board to order and there was received the Annual Report of the Secretary, Dr. W. S. Rankin, Raleigh, N. C., showing what is being done by the Board:

In his annual report to the Society, Dr. Rankin reviewed the work of the different bureaus or departments of the State Board of Health for the past year and set forth the plans and policies for the coming year.

His report showed increased activities in all departments. The State Laboratory of Hygiene showed a gain of 25 per cent. in its routine work over that of last year and in addition distributed 11,006,000 units of diphtheria antitoxin as against 9,254,000 the preceding year, and distributed 137,211 doses of typhoid vaccine as against 30,000 doses the year before. It was made known that this department proposes to construct and equip in the near future a biological plant for the production and distribution of vaccines, antitoxins, and sera. This will add greatly to this department's efficiency.

The department of Education and Engineering whose work it is to interest and educate the public generally in sanitation and hygiene distributed last year 47,000 copies of the Health Bulletin every month. It supplied 31 daily papers with 162 news articles and 275 weekly papers with 140 news articles, or, in brief, it published through the State press about one article a day on some timely subject relating to sanitation and hygiene. Another work of the educational bureau is that done through the health exhibits, illustrated stock lectures, lantern slides and placards. During the past year the exhibit has been displayed in full or in part at the following places: Asheville, Hendersonville, Smithfield, Winston-Salem, Burlington and Greensboro, N. C.; at Jacksonville, Fla., and at the Panama-Pacific Exposition, San Francisco, Cal. It is estimated that 100,000 persons saw this exhibit during the year. The exhibit is loaned to any person or organization upon payment of the transportation charges. The illustrated stock lecture outfit consists of a lantern, a stock lecture and from 50 to 75 slides to accompany and illustrate the lecture. These outfits deal with such subjects as typhoid fever, tuberculosis, flies and sanitation, patent medicines, the effect of alcohol on health, etc. Through these lectures a total audience of about 10,000 people was

reached last year.

The Bureau of Vital Statistics is that department of the State Board of Health that does the work of collecting, classifying and recording the births and deaths of the State according to race, county, town, and township; and further classifying deaths according to cause and age. This Bureau is the State's barometer. Charts prepared by this department showed that for the first five months of 1915 there were 7,039 more births reported for the first five months of 1915 there were 7,039 more births reported than for the first five months of the year preceding, and 3,058 more deaths. The death rate and birth rate for the State are 13.4 and 29 respectively as compared with the registration area rates of last year which were 14.1 and 26.

The report of the Bureau of Tuberculosis shows that during the year, June 1, 1914, to June 1, 1915, 341 patients had been treated at the Sanatorium and that 255 had been returned to their homes either as arrested or improved cases—all less dangerous as conveyors of infection to their families and associates. The report showed further that the contract for a new building had been let, which meant that the capacity of the Sanatorium will be increased to 150 or more beds. "One of the most encouraging features of this work," said Dr. Rankin, "has been the interest and support of the public as expressed through the press, and through the donations of individuals and societies, fraternal and religious organizations, etc."

The work of the Bureau for the Eradication of Hookworm Disease, it will be recalled, terminated May 1, 1915. Dr. Rankin's report summed up the work of its five years' existence in these figures: Number of North Carolinians examined for hookworm infection, 267,999, or one-eighth of the population of State. Number found infected, 98,977. Number treated, 95,618. Cost of work to counties \$20,394.96; to the State \$15,916.37; to the Rockefeller Sanitary Commission, \$68,653.28; total, \$104,964.37, or a cost of \$1.08 per case treated.

On the termination of the hookworm work of the State Board of Health the Bureau of Rural Sanitation was created. This department has for its work the development of intelligent local self-government in rural sanitation in North Carolina. It is following two methods to accomplish its purpose. The first is the employment of the whole time county health officers by the counties while the

second is a method known as the unit system of county health work. These methods as explained by Dr. Rankin differ in particulars. The whole time health officer method proposes to a county the means to an end; the unit system proposes an end—a definite health problem with plans, specifications and budget. With the whole time county health officer method, the county does its own health work; with the unit system, the county pays the State, the wholesaler in sanitary wares, to do its health work for it at a price mutually agreed upon. Both methods are on trial now.

STATE HOSPITALS FOR INSANE CONVEY PATIENTS TO INSTITUTION.

One of the highly proper acts of the recent North Carolina Legislature was to provide that where patients are adjudged entitled to admission to the State Hospital for the Insane, the superintendent of the hospital after being notified shall send a trained assistant from the hospital to convey the patient to the institution. Later a bill for the service is rendered the county commissioners. This is a decided improvement over the former plan of having patients carried to the hospitals by sheriffs or other persons deputized for the purpose.

VALUE OF THE DAILY PRESS IN HEALTH WORK.

That model Carolina daily, THE CHARLOTTE OBSERVER, in a recent issue commended editorially the splendid work in preventive medicine being done by the medical profession of North Carolina, and a day later was in receipt of a captious criticism from a subscriber urging the paper to "turn its attention to the doctor's trust" and inveighing in general terms of acerbity against the medical profession. The Observer in making reply to the anonymous author gave space to its leading editorial entitled "The Doctors" in which among other graceful truths was stated the following:

"The doctor of a few years ago, good fellow that he was, would come along and treat you for cramp colic and send you to the burying ground. The present day doctor would simply cut out the appendix and send you about your work. He may charge more than the old doctor, but he charges for saving your life, incidentally saving funeral expenses. A doctor bill of \$2.50 and a funeral bill of \$75 or \$100 would hardly be considered a desirable swap for a doctor bill of \$25 and no funeral expenses. The man who

would complain of compensation exacted by the doctors should first draw the parallel, and The Observer could supply others than the one cited. We could not expect to secure the skilled service of the present day at the rates charged in the days of calomel and the saddle-bag. The doctor's education and the doctor's equipment cost money, and the patient who places resulting benefit against the price will in nine cases out of ten come to a satisfactory conclusion. Medical science is worth all it costs. In fact, it is worth more. It is a difficult matter to place a monetary value on the service the modern hospital and the modern doctor are providing for the people of the country."

Editorial News Items.

The Medical Society of the State of North Carolina at its recent session authorized its Secretary to co-operate with the Collectors of Internal Revenue in the furnishing of corrected lists of licensed practitioners of medicine in the state to the federal authorities. The Legislature of the state recently authorized the Attorney General to prosecute illegal practitioners of medicine upon the advice of the Board of Medical Examiners. Still more recently, June 15, 1915, the Collectors announce under a recent federal treasury ruling that all physicians, when applying for the July 1st, 1915, renewal of their permits to dispense narcotics under the Harrison Anti-Narcotic law, must make affidavit they are legal practitioners. With this combination of fortuitous circumstance, apparently, the possibilities of anyone continuing to practice medicine illegally in North Carolina is decidedly small if the officials charged with these various responsibilities merely perform their duty.

The committee on scientific research work reported to the recent session of the American Medical Association that grants of amounts varying from \$200.00 to \$250.00 had been made to four medical investigators and \$400.00 had been granted to Dr. Wm. DeB. MacNider, Chapel Hill, N. C., for original study "on the dangers of anaesthetics in cases of kidney disease."

The city council of High Point, N. C., have elected Dr. H. W. McCain city physician, Vice Dr. D. A. Stanton. Dr. McCain was also designated by the city council to serve as registrar vital statistics, though as his term had not expired

there was some doubt expressed by the city attorney as to the right of the council to make another appointment without preferring charges and removing Dr. Stanton. Dr. Stanton declined to resign, invited charges, and appealed to the attorney general whose first assistant has recently filed an opinion to the effect that as Dr. Stanton's term as registrar had not expired no other appointment by the city council could be made unless a vacancy was created by the removal of Dr. Stanton, or otherwise creating a vacancy. It appears no one has any charges to prefer against the popular High Point physician, and Dr. Stanton, the single official of the party in opposition to the political party in power, continues to hold on.

The tuberculosis committee of the South Carolina State Board of Health announce the opening at State Park, eight miles from Columbia, S. C., of the State Sanatorium for the treatment of incipient tuberculosis, and the custody of two patients from each congressional district and two additional from the state at large is invited. Application blanks for admission of patients are to be had of Dr. Ernest Cooper, Supt., Columbia, S. C.

Dr. Robert B. Hill, Statesville, N. C., a recent graduate of the University of Maryland, has received an appointment as house physician and leaves for Baltimore, Md., to assume its duties.

The annual meeting Association of Surgeons Norfolk & Western Railway was held at Old Point, Va., in the Hotel Chamberlain, June 10 and 11, 1915, under the presidency of Dr. P. H. Kelly, Vivian, W. Va. Officers were elected for the 1916 session as follows:

President—Dr. W. L. Hudson, Luray, Va.

Vice-President—Dr. N. P. Oglesby, Columbus, O.

Secretary-Treasurer—Dr. T. D. Armistead, Roanoke, Va.

Drs. A. J. Crowell and Jno. P. Monroe, Charlotte, N. C., attended the recent meeting of the American Medical Association in San Francisco and presented papers before the Association.

On the recommendation of the inspector-instructor of sanitary troops, concurred in by the Chief Surgeon, the U. S. War Department, has extended the time to September 1st, 1915, for the completion of the medical correspondence

course which is being given the medical officers of the National Guard of South Carolina. The order extending the time for the surgeons to complete their reports of study also states "Unless a medical officer shows an inclination to perform his full military duty and answers at least one of the bulletins of the medical correspondence course, he will not be assigned to camp duty this summer. All examination papers are to be sent to Dr. A. M. Brailsford, Chief Surgeon, Mullins, S. C., who will mark them for Maj. Henry Page, M. C., U. S. A., while the latter is absent on leave during the summer.

A conference of surgeons who saw service in the Confederate Army during the Civil War in America was called during the recent reunion in Richmond, Va., and attended by surviving surgeons and their descendants.

Dr. Roswell E. Flack (Johns Hopkins University) formerly associated with Dr. K. Von Ruck in his laboratory work at Asheville, and recently health officer at Spray, N. C., is spending the summer months working in the laboratory of Dr. Wm. H. Welch in Baltimore. October 1st he returns to North Carolina and will assume the duties of Professor of Pathology and Bacteriology at Wake Forest College, Medical Department, Vice Dr. Hubert D. Taylor, resigned to accept service with the Rockefeller Institute, New York City.

The Legislature of Tennessee has appropriated \$50,000.00 for the erection and equipment of a State Sanatorium for Tuberculosis.

North Carolina friends of Dr. Beverly R. Tucker, Richmond, Va., will note with interest the defeat of a measure before the Richmond City Council having for its object the prevention of his establishing a neurological hospital on a fashionable corner of an attractive street in that city. Certainly a well ordered institution, even in these days of nosophobia, is less objectionable than many other possible neighbors.

Dr. J. Walker Floyd of Tabor, S. C., died at his home June 4, 1915, after a brief illness, at the age of 41. Dr. Floyd, as a first course medical student saw service in the Spanish American war in 1898 as a hospital steward and was graduated with distinction from the Medical College of South Carolina, class 1902. He

practiced at Liberty Hill, S. C., and later at Tabor. He was a popular and successful general practitioner and a number of the South Carolina and North Carolina Medical Societies. He is survived by a wife and five children.

Dr. Jacob Michaux, Richmond, Va., died at his home June 7, 1915, at the age of sixty-four years. A manly type of man, handsome in appearance, of genial disposition and accomplished manners, he was easily one of Richmond's most popular practitioners. A graduate of the Medical College of Virginia in 1879 he practiced for a few years in his native county, of Powhattan, Va., locating in Richmond five years after graduation. He soon afterward took part with Dr. Hunter McGuire in founding the University College of Medicine and became its Professor of Materia Medica and Therapeutics, holding the chair until 1896 when he became Professor of Obstetrics and continued as such until his retirement three years since. He served as Assistant Surgeon, First Regiment Virginia, was a Member of Virginia State Board of Medical Examiners, President of the Richmond Academy of Medicine and Surgery, and President of the Virginia State Medical Society, and was a founder of the Tri-State Medical Association of the Carolinas and Virginia. Among fraternal organizations he was a member of the Masons, Knights Templar and a Noble of the Mystic Shrine. A communicant of the Episcopal Church, he died in the faith of his fathers, and with the consciousness of having served well the many calls of this life. He is survived by his wife, a daughter, and a worthy son, the well known Dr. Stuart N. Michaux, of Richmond, Va.

At Wilmington, N. C., June 4, 1915, there passed into eternal life the spirit of Dr. Frank H. Russell, one of the city's leading physicians and one of the state's widely known and most popular medical gentlemen. Graduating at the University of Maryland in 1893, licensed by the North Carolina State Board of Examiners and joining the State Medical Society immediately after his receiving his medical degree, he at once entered upon the arena of an active and influential professional life, both in the affairs of practice in the community where he resided, and in the state society. In 1902 he was elected by the State Medical Society to membership on the Examining Board and served for a full term of six years with credit to himself and honor to the

Board. In failing health a few months prior to his death, the summons came to him suddenly, but not wholly unexpected. A wife and small children survive him, and in their lonely grief, the cheer of a noble heritage of an unsullied name is one of their cherished solaces.

The Secretary of State, Raleigh, N. C., announces the amending of the charter of the incorporation of the Pitman Sanatorium of Tarboro, N. C., providing for a capitalization of \$50,000.00. It is stated that a new building to cost \$15,000.00 will be added shortly.

Dr. C. Banks McNairy, proprietor of the Foothills Sanitarium at Lenoir, N. C., who closed the institution last year to accept the superintendency of the North Carolina State Mental Training School at Kinston, N. C., announces that it will shortly be reopened as a general surgical hospital under the direction of Dr. R. R. Sturges, recently of Philadelphia, Pa.

Dr. Henry B. Favill, Chicago, Ill., in presenting the Report of the Council of Health and Public Instruction for the year past at the recent session of the American Medical Association in San Francisco, stated that Dr. Chas. V. Chapin, Commissioner of Health, Providence, R. I., had as the special representative of the Council, visited and inspected the boards of health in all the states and had prepared a report as a basis of standardizing and classifying their work. He also stated a similar study of federal and municipal health activities was being planned. In the grading of the various state boards, we are advised that North Carolina ranks among the very highest, and when it is considered what is done for public health in this state with the funds at command by the department, it is easily seen that North Carolina public health work is leading the immense majority of the states.

The two days' session at Asheville, N. C., end week of May, of the South Eastern Sanitary Association was well attended by municipal health officers of the Carolinas. The house-fly, sanitation, the inordinate public fear of tuberculosis, were prominent among the instructive topics considered.

City Physician of Gastonia, N. C., Dr. R. M. Reid, presided at the auspices in that city on "Health Night," June 11, and presented a beautiful gold medal donated by the Civic Betterment Association. Sev-

eral hundred people attended the meeting and among the attractive features was an able address by Dr. Paul Anderson formerly of Wilson, N. C.

A recent report of the State Hospital for Insane at Morganton, N. C., shows a resident population in the institution of 1,404 patients. The opening of the new colony building in May brought additional room, and 62 patients were admitted, but with applications pending, it is anticipated that within a couple of months all of the added room secured by the new building will be occupied.

Dr. Richard N. Duffy, New Bern, N. C., announces his special attention to cystoscopy and diagnosis of kidney, uterine and bladder lesions.

The twentieth annual session of the Association of Surgeons of the Southern Railway was held at Asheville, in the Battery Park Hotel June 2-4 a large number of the surgical staff in attendance. The meeting was one of unusual attractions both from the scientific and social view points. The session of 1916 was voted to be held in Chattanooga, Tenn. Officers elected for 1916 are as follows: President, Dr. Lane Mullaly, Charleston, S. C.; Secretary-Treasurer, Dr. J. U. Ray, Woodstock, Ala., re-elected for his twelfth term.

Greensboro and Guilford County, N. C., are in the forefront of advanced sanitary effort these days. Dr. F. C. Hyatt, City Superintendent of Health and Dr. W. M. Jones, whole time County Health Officer, are each in their respective spheres giving their constituents up-to-date plans and arrangements to reduce the local morbidity rates to the proper point for a healthful Carolina city and county.

Dr. Benj. K. Hayes, Oxford, N. C., was president of the Alumni Association of the Medical College of Virginia (combining the former University College of Medicine) during the past year, and at the recent annual commencement of the college in Richmond, Va., when introducing Dr. Cary T. Grayson, also an alumnus of the famous old college, who has been the President's personal friend, and medical adviser since his occupancy of the White House, said he was introducing to their fellow alumni "the only man in America from whom Woodrow Wilson took orders"—a very happy hit that brought forth applause.

Cards announce the marriage of Dr. John Young Templeton, Portsmouth, Va., to Miss Mary Williams, Mooresville, N. C., June 29, 1915. The Journal's best greetings go with the young couple on their life voyage. The bride is one of North Carolina's fairest daughters, a graduate of Davidson College and the Jefferson Medical College, who after completing an internship in an Eastern Hospital located near Portsmouth, Va., from whence he came back to claim his Carolina bride.

The North Carolina State Board of Health at its recent annual session in Greensboro, N. C., honored itself as well as Dr. W. S. Rankin in unanimously re-electing him Secretary-Treasurer of the Board for a term of six years. Dr. Rankin, it will be recalled, succeeded that most excellent and lovable gentleman, Dr. R. H. Lewis, six years ago as Secretary to the State Board of Health, and the month just past marked the end of his first term as Secretary. Dr. Lewis was Secretary from the death of "The Father of the State Board of Health," the lamented Dr. Thos. F. Wood of Wilmington, in 1892, up to his voluntary retirement in 1909 when in a way the full fruition of Dr. Lewis' labors came in increased interest and larger appropriations for the health work necessitating the taking of the full time of the health officer. Dr. Lewis' mantle was at his own suggestion, placed on Dr. Rankin's worthy shoulders. How well he has borne the test is demonstrated in the magnificent work the State Board of Health is doing.

All public or private hospitals in North Carolina admitting colored patients are now required by a recent statute to provide colored nurses for their care, and the failure to do so is made a misdemeanor punishable by fine or imprisonment.

Dr. Claude V. Timberlake has located at Youngsville, N. C.

Drs. W. H. Crowell and H. C. Mills, of Charlotte, N. C., announce the opening in that city June 28th of a Woman's Hospital to be devoted exclusively to gynecological and maternity cases. The newspapers stated that special attention would be given to "twilight sleep" in obstetric patients.

Dr. V. J. Palmer, aged eighty-six years, one of Cleveland County's oldest and foremost citizens, died at his home on June 21st. He was a graduate of Jeffer-

son Medical College, Philadelphia. He was born in Marion County, S. C., February, 1829. He practiced medicine successfully for many years and during his day was considered one of the leading physicians of his county and section of the state. He was also prominent in the Confederate army and took a part in several battles. He was severely wounded near Petersburg when he was at the head of his company. Dr. B. H. Palmer, a prominent doctor of Shelby, N. C., is his oldest son.

Dr. F. Moomau, of Franklin, W. Va., died at his home on May 21st. He received his medical training at the University of New York, graduating from that institution in 1881. Subsequently he took several post-graduate courses in different medical schools of the North, and was a physician of prominence.

Dr. George E. Bowdoin, a native of Wilmington, N. C., who for the past year has been house physician at the James Walker Memorial Hospital, has resigned from the service there and begun the practice of medicine in his home city.

Col. S. Westray Battle, M. D., of Asheville, N. C., who for more than ten years has served in the North Carolina National Guard, has, by his own request, been placed on the retired list. Dr. Battle was given the rank of Brigadier General.

Dr. H. O. Forbes, of Burkeville, Va., died at the home of his brother in Lynchburg on June 10th. Dr. Forbes received his medical training at the Medical College of Virginia having graduated from that institution in 1901. He practiced medicine in Burkeville for a number of years until his health failed last September.

The 26th annual convention of the North Carolina Medical, Pharmaceutical and Dental Association for colored doctors was held in Durham June 23rd. A splendid meeting is reported, about forty-seven doctors being in attendance. Wilson, N. C., was chosen as the meeting place for 1916. The officers elected were J. O. Plummer of Raleigh, president; W. H. Wallace of High Point, first vice president; W. A. Jones of Winston-Salem, second vice president, and A. A. Wyche of Charlotte, secretary and treasurer.

Dr. L. Hicks Williams, of Faison, N. C., who recently passed the state medical examining board with very high honors,

has decided to locate at his old home, Faison, N. C. One of the reasons that Dr. Williams selected this place for the practice of his profession was to take up the work done so faithfully and so well by the late Dr. J. M. Faison. Dr. Williams deserves the confidence and patronage of the people in Faison and the surrounding country.

Typhoid fever is to some extent prevalent in Norfolk and Berkley, Va. Dr. Powhatan S. Schenck had a conference a few days ago with several physicians in these two cities to consider means of ascertaining the source of the infection. It seems that about eleven cases have developed about the same time and the most of them in one locality. The prevalent opinion among the physicians in the conference was that the house fly was the carrier of the infection. Under the circumstances it appears that this conclusion was quite plausible.

The Official Thanks of the North Carolina State Board of Health for the Assistance of the Rockefeller Sanitary Commission.

The following minute was introduced by the President of the State Board of Health, Dr. J. Howell Way, and unanimously passed at the recent annual session of the Board of Health in Greensboro, N. C.:

Whereas, the five-year period for which the foundation for the eradication of hookworm disease was established has expired, and

Whereas, the work of the Rockefeller Sanitary Commission terminated in North Carolina May 1st, 1915, and

Whereas, the Rockefeller Sanitary Commission has expended the sum of \$81,516.23 during the last five years in improving sanitary conditions in North Carolina, and

Whereas, the work of the Commission has resulted directly in the examination of 267,999 citizens of this State for hookworm infection, in furnishing treatment to 95,618 infected citizens, in improving 1,796 privies, and, indirectly, in an extensive development of an intelligent appreciation for public health work along all lines of sanitation.

THEREFORE, BE IT RESOLVED, that the North Carolina State Board of Health do hereby officially record their appreciation of the work in this State during the last five years of the Rockefeller Sanitary Commission, and

BE IT FURTHER RESOLVED, that a copy of these resolutions be sent to the

successors of the Rockefeller Sanitary Commission, to wit, the International Health Commission, and that these resolutions be given public notice through the Bulletin of the North Carolina State Board of Health.

A Resolution of the North Carolina State Board of Health on the Retirement of Dr. A. A. Kent as a Member of the Board.

Whereas, it became necessary under the laws of North Carolina, prohibiting the holding of dual State offices, for Dr. A. A. Kent, on his election to the General Assembly of North Carolina, to retire as a member of the North Carolina State Board of Health; and

Whereas, the loss of Dr. Kent's counsel to the Board has become the gain of Dr. Kent's counsel to the State;

THEREFORE, BE IT RESOLVED, that the North Carolina State Board of Health do hereby officially record their appreciation of Dr. Kent's past services as a member of this Board and their appreciation of his able, untiring and successful work in the General Assembly of 1915 in the interests of public health in particular and the State in general.

J. HOWELL WAY,

President.

Attest:

W. S. RANKIN, Secretary.

Spartanburg County, S. C., has appropriated \$4,000.00 for maintenance of a pellagra colony which opened June 1st at the county home.

Past Assistant Surgeon Heber Butts has reported for duty at the Charleston, S. C., Navy Yard as assistant to Surgeon S. S. Rodman ranking officer of the medical staff.

Durham, N. C., under the active lead of Dr. Arch Cheatham, whole time county health officer, is carrying on a most active campaign for better health, only three cases of typhoid fever are noted for the first half of the year.

Dr. R. Stern of Huntington, W. Va., has suggested a novel plan to pay off the \$12,000,000.00 debt the United States Supreme Court has just affirmed. West Virginia is indebted to Virginia as her portion of that state's obligations existent at the time of the secession of West Virginia in 1862. Briefly his plan is to license the sale of three per cent. beer at five hundred dollars per license and apply the entire gross revenues to the liquida-

tion of the state debt.

The State Board of Health is pursuing a vigorous anti-typhoid vaccination campaign in the ten counties that have elected to co-operate in the work. Five counties began a six weeks' vaccination course on June 21 with eleven young medical men to assist the county health officers in the work. The appointees are as follows:

Henderson County: Drs. E. T. Sessions, Jas. A. McCoy.

Buncombe County: Drs. W. B. Cox, W. T. Boyette.

Cumberland County: Drs. Paul C. Moore, D. D. Moore.

Wake County: Drs. G. B. Woodard, L. O. Crumpler, W. P. Kay.

Northampton County: Drs. C. B. Parker, W. H. Sloan.

Other counties are lining up for the work, and it appears the vaccine making capacity of the State Hygienic Laboratory at Raleigh is now being taxed to its utmost capacity to supply the demand. It was unofficially announced some time since that counties with which the board had entered into official engagements to have systematic vaccinations would have the preference in securing the free vaccine distributed by the board. It is estimated that more than 50,000 persons will have been vaccinated at the present rate during the campaign now under way.

The cost to the counties varies from 10 cents to a little more than one-half in some of the larger counties where it is more universal.

Dr. A. A. Barron, Charlotte, N. C., has accepted service with the Virginia Life Insurance Company and will remove to Richmond, Va.

The Anti-Tuberculosis League of Danville, Va., has organized with a purpose to secure an open air camp with a capacity for 20 patients, and has enlisted many citizens in an active campaign to secure funds for its support.

Dr. Reid Patterson, a well known physician of Charlotte, N. C., was married June 30, 1915, to Miss Mattie Beard Hyndman one of Charlotte's most charming young ladies. After a short trip to Eastern cities, the young couple will be at home in Charlotte, N. C., where Dr. Reid Patterson ranks as one of the city's most promising of the younger medical men.

The death of Dr. Everett A. Sherrill,

Statesville, N. C., June 30, 1915, will bring a feeling of sadness to many lovers of baseball in the Carolinas. Dr. Sherrill was a native of Iredell County, N. C., a graduate of Davidson College, and of the University of Maryland, and during his college career at Davidson College, N. C., he achieved a more than statewide reputation as a champion baseball player. He was a most affable young man of high ideals and had just recently completed a post-graduate course in New York and expected to have begun practice in Winston-Salem, N. C.

After rendering admirable service for six years past the Health League of Spartanburg, S. C., has formally disbanded on account of the failure to receive assistance from the city officials in supporting a district nurse who it is claimed has been of much use to the poor of the community.

Major F. J. Clemenger, M. D., Asheville, N. C., and Thos. F. Reynolds, M. D., Canton, N. C., of the Ambulance Corps North Carolina National Guard have been attending the military maneuvers and camp on instruction at Tobahanna, Pa., during the past few days, returning to their fields of practice June 20.

JOTTINGS FROM THE GREENSBORO MEETING.

(Medical Society of State of N. C.)

The fifth annual session of the North Carolina State Health Officers Association held in Greensboro Monday before the Society's meeting was an unqualified success from the Mayor's address of welcome to the last item of the varied and attractive program.

This annual coming together of the public health officers in the state is the most helpful and every county and municipality should see that its health officer is in attendance.

The same arguments that so forcefully emphasize the value of medical society attendance to physicians and surgeons all apply with equal pertinency to the medical men and others, engaged in public health, and the local health official who does not get in line with his state health officer's organization, is, well to put it gently, just behind the procession of live public health work and measures to promote it in North Carolina!

Mayor T. J. Murphy made a pleasing

welcoming address to the sanitarians on Monday and the day following another in similar vein to the assembled members of the medical society. Likewise Dr. Benj. K. Hayes, Oxford, N. C., always at his best on such occasions responded in felicitously effective manner to each of the mayor's addresses of welcome.

Dr. W. M. Jones', President, Address to the sanitarians was a welltimed and carefully prepared presentation of some public health matters and was appreciatively received.

Sanitation in the schools was fully considered at the morning session, and discussed by both medical and teaching authorities. The Rural Sewage Problem was treated in an instructive manner by Dr. Ferrall whose wide experience in hook-worm and health publicity work rank him one of our foremost thinkers on this line. Dr. Cooper of the recently created Bureau of Rural Sanitation of the State Board of Health, led the symposium on "Contagious Diseases". Dr. H. F. Long, Statesville, N. C., one of our foremost surgeons, presented a short paper urging Early diagnosis in pulmonary Tuberculosis. The entire program of the health officer's convention, while not large was big enough, and first class from start to finish and the discussions helpful and practical to a degree.

The election of Dr. Dan Seveir, Asheville, as President North Carolina State Health Officer's Association was a merited compliment to one of the most capable and untiring wholetime county health officers in the State. The high degree of accomplishment attained in Buncombe County sanitation, under his guidance truly marks Buncombe a leader in health matters. Similar comment may with truth be said of Dr. Chas. T. Nesbit, Wilmington, N. C., elected Vice-President of the Health Officer's Association. Of the health workers regularly attending these annual sessions, none have more grown in favor with the membership, or more impressed the state's health workers than has Dr. Nesbit, by his earnestness of purpose, his clearcut, definite ideas of how things should be done, and his known determination to succeed in his purposes. The present high attainment of efficiency in the health department of New Tanover County and Wilmington city, afford unmistakable evidence of Dr. Nesbit's great ability as a practical sanitarian.

Dr. Alfred A. Kent, Lenoir, N. C., one of the most valuable members of the North Carolina State Board of Health having retired therefrom to accept a seat in the legislature the past winter where he proved a very useful member, the Board at its recent session elected to fill the unexpired term, Dr. F. R. Harris, Henderson, N. C., Dr. Harris is well known to the profession of the state, is a gracious courtly gentleman, efficient in his profession, and will do honor to the position.

Dr. Arch. Cheatham, Durham, wholetime county health officer for Durham County secures an additional appropriation \$1,500.00 on his county health budget for the ensuing year, making a total of \$9,000.00 to be expended by the county health department during the year. A visiting nurse for colored people is one of the additional facilities afforded.

The State Medical Society at its recent Greensboro session elected to fill two vacancies on the State Board of Examiners for Trained Nurses, Drs. Thompson, Frazier, Asheville, N. C., and Delia Dixon-Carroll, Raleigh.

The recent session of the North Carolina legislature provided for women Notaries Public in this State, and the Supreme Court has more recently held that a woman could not constitutionally hold the position of a Notary Public in North Carolina. It has been suggested by a thinking doctor of medicine that possibly somebody may raise the same issue as regards the ability of a woman to serve as a Member of the State Examining Board for Nurses?

The veteran Dr. R. H. Lewis, whose absence from illness at the Raleigh meeting last year was so regretted was on hand at Greensboro, alert, active, genial helpful as ever, keenly alive to everything concerning the good of the society or the health interests of the state. Long may he continue among us for no member of the society will be more missed when his bright presence and wise counsel have passed from us.

Dr. J. Allison Hodges, Richmond, Va. and R. L. Payne, Norfolk, Va., two of North Carolinas best, who sought more populous fields for their professional activities in the years past, were gladly welcomed, and their participation in the proceedings appreciated. The dissertation of Dr. Hodges on "Psycho-Analysis"

was learnedly classic and stamped him as a master mind in the study of human mentality.

The report of the committee on nominations to the Society gave very general satisfaction. The new President, Dr. M. H. Fletcher, Asheville, is a graduate of Bellevue Medical College, class of 1887, an Ex-Member State Board of Medical Examiners, an Honorary Fellow of the Society (After 30 years' continuous membership), a highly respected practitioner in his home city, and his attainment of the highest honor is fitting and appropriate at this time.

Dr. Benj. K. Hayes, Oxford, N. C., the new Secretary come to the duties and responsibilities of this high office. ("Magnified by the arduous labors of Dr. J. Howell Way", as Dr. McBrayer said in his President's Address), with an experience in the work of the society and a personal equipment as well that, with energy and a wise prescience should easily make him rank as one of the greatest secretaries the society has ever had. Dr. Hayes long membership in the society, his intimate knowledge of the men, obtained in part by his active participation in the affairs of the body from his first admission, and his work as a member of the Examining Board for six years, his inspiring personality, his secretarial ability of a high order, his known literary proclivities—all combined render his selection by the nominating committee from an unusually fine lot of material, a wise one, and the society may well expect to prosper under his management of its affairs.

One of Virginia's most noted surgeons, Dr. Southgate Leigh, Norfolk, Va., recently President of the Virginia State Medical Society and also a past President of the Tri-State Medical Association, was a guest at the Greensboro session and gladly received by his many friends.

Dr. John A. Ferrall, for six years past the capable and efficient Secretary of the Society, declined a re-election on account of his removal to New York City to engage in the service of the International Health Commission, the successor to the Rockefeller Sanitary Commission. Dr. Ferrall was placed in charge of the "hookworm work" in North Carolina five years ago when the Rockefeller millions began its beneficent sanitary endeavor in the southern states. How efficiently Dr. Ferrall did that work, not only every

sanitary worker in North Carolina well knows, but it is also a noteworthy fact that while having the many "hookworm workers" of the entire country to make selection from, Dr. Ferrall, was chosen from among the field forces engaged during the five years, in the various states where the Commission had lent its aid, to go to Washington more than a year ago to exercise supervision over the work in the Southern states. More recently, the removal of Dr. Rose to European fields of labor, caused the removal of Dr. Ferrall to New York City. As a North Carolinian we are proud of his success, but not at all surprised as our people have the habit of "making good" abroad as well as at home.

The official medical boards for which the Medical Society of North Carolina is responsible have ever been characterized by the high professional standing of their members, and none have been composed of gentlemen who live closer to, and exemplify the higher traditions than the present health board. From the capable and energetic President, Dr. J. Howell Way through the able membership composed of Drs. Laughinghouse, Spencer, Anderson, Wood, Thompson, and Harris and Colonel Ludlow,—this aggregation of energy, scientific acumen, executive ability, diplomacy, oratorical capacity, with the wise and experienced Lewis to counsel, is eminently fitted to direct not only the health interest of North Carolina, but might be safely intrusted with the affairs of the state or nation.

And our present State Board of Medical Examiners, headed by the able Dr. J. F. Highsmith, with his associates, Drs. Royster, Harper, Myers, Blount, Taylor, and Stevens, as was pointed out in these columns one year ago when they were elected, is unquestionably one of the most capable the Society has ever elected. The laborious and painstaking way in which the duties of their first session have been performed, justify all the complimentary expressions heard of their service, and emphasizes the conviction that the North Carolina method of the organized medical profession's exercising under the state's statutes, entire control of the licensing of the state's physicians, tested out as it has been since the year 1859, is the wisest and the best plan of securing efficient supervision. We commend our splendid examining board, and their method of election to other state medical societies and suggest they secure from their respective legislatures the privilege

so long enjoyed, and the power so wisely exercised by the profession of the Old North State.

The North Carolina State Board of Health at Greensboro, let the contract for the construction of the left wing of the new building and a covered way connecting the same with dining room. This portion of the new building will add about 90 patients to the capacity of the Sanatorium. Funds in hand only warrant the construction of the left wing at this time, but it will be of the best type of up-to-date tuberculosis sanatorium construction, and the completion later of the central administration portion and the other wing later on will make it, as its builders hope it to be, a model.

Dr. Rosalie Slaughter Morton, New York City, was an interested guests and presented an instructive paper. A fair Virginian domiciled in the great metropolis, she evidently enjoyed getting back "down South", and her presence was appreciated and enjoyed by all. The lady members of the Society, Drs. Dixon-Carroll, Gove, and Lapham, enjoyed the discussions and other interesting features of the Greensboro session.

The Symposium on Narcotics on Tuesday afternoon of the session was one of real value and the discussions elicited helpful. The Harrison Anti-Narcotic Law and the duty of the North Carolina Profession thereto, was presented in his usual strong vigorous style by the President of the State Board of Health, Dr. J. Howell Way. His remarks were clearcut, to the point evincing both a familiarity with the great importance of the subject and firm convictions as regards the manifest duty and responsibility of the North Carolina medical profession in doing its full part in aiding in the enforcement of the federal statute. Admirable contributions to the symposium were also those of Drs. Cyrus Thompson, J. T. J. Battle, W. M. Jones, Prof. E. V. Howell, and Drs. T. M. Jordan and Albert Anderson, while the Collector of the Raleigh District, Hon. J. Wm. Hailey presented some instructive views from the federal viewpoint.

The changing of the date of the annual meeting of the State Medical Society to the third Tuesday of April will bring the session earlier in the year and not conflict with other meetings in June and will be approved by many members who wish to always attend their state society

meetings, and go to the A. M. A. meeting likewise. The voting to hold the 1916 session in Durham will be a pleasure to many affording as it will have an opportunity to visit that important manufacturing centre, and to see in operation in Trinity College, one of the first academic schools of the Southland. Chapel Hill, the University seat is only a short dozen miles away which will afford opportunity for visiting that justly famous old institution of learning.

It is sometimes said in some organizations that when men achieve the chiefest honors, their zealous interest and attendance diminishes. This rule though, certainly does not apply to the Grand Old Medical Society of the State of North Carolina. As a rule, and naturally, the high honors of the Presidency, with the splendid lot of available and valuable material to elect from, only come to men who have achieved the lesser distinctions of the Society, and ordinarily in the past, it has been bestowed on gentlemen at or near the zenith of their professional success. It was interesting to note at the Greensboro session that no less than fifteen of the last thirty presidents of the Society were in attendance, leaving only five of the living Ex-Presidents absent, the other ten being at rest.

The general arrangements of the Greensboro session were very satisfactory, and the local committee may felicitate themselves on having succeeded in performing their delicate and oftentimes difficult functions to the satisfaction of everybody. The arrangements were very complete, and every possible want of the visiting doctors graciously met. The various elaborate entertainments and receptions at the Woman's College, Dr. J. W. Long's, the Insurance Companies, were all well attended and enjoyable affairs, while the numerous smaller dinner parties were equally sources of delight. The kindly spirit of genuine old-fashioned Guilford County hospitality was in the Greensboro air and all breathed its pleasing aromas with a sense of rapturous delectation.

The presence at the session, and participation in the discussion on "Narcotics and the Federal Law" of the talented federal collector, Hon. J. W. Bailey, Raleigh, was appreciated by the doctor's. His view of the Harrison Anti-Narcotic law from the lawyer's and the government viewpoint was of interest as well as instructive to the medical men.

The State Board of Health, with its elaborate, and very necessary, outfit of bureaus and departments of rural sanitation, vital statistics, hygienic laboratory, etc., has reached a very high point of possible, and we believe, positive efficiency under the present administration and the reports made to the society at the conjoint session evidences the thorough going character of the work being done by this strong right arm of the state government. Certainly with the aspirations, and accomplishments for public service, of the zealous secretary, Dr. Rankin, abetted by the thoroughgoing board back of him in his every effort to better North Carolina health, we shall expect even greater things in the next few years. The board announces their purpose shortly to begin the construction of the recently authorized plant for the production at Raleigh of diphtheria antitoxine and other vaccines and sera. North Carolina is one of the first states to venture in this hitherto commercially occupied field, and the result of the attempt is awaited with more than passing interest. It is stated the new department will be supervised by a most skilled and highly trained expert who was taken from the federal service in Washington, D. C., and who has inspected the various institutions of the nation on behalf of the Washington authorities from time to time to see that all products of this character were produced according to federal standards. Come to think of it, everybody will expect the new departure of our state board of health to measure up to the best, and we believe it will when put in practical operation.

It was very pleasing to note so large a number of the county and municipal health officials present at Greensboro meeting of the State Medical Society in June. The sessions of the State Health Officers' Association are of much value and the various papers and the special sessions of the medical society devoted to various phases of sanitation and public health, could not fail to be of great value to all sanitary officers in the state. We think it should become at least an unwritten law that every local, county or municipal health official in North Carolina should be delegated at public expense to attend these meetings. At present some of the cities and counties do pay the expenses of their official head, but many do not, and the custom deserves to become the rule.

Gov. Locke Craig has reappointed Col. J. L. Ludlow C. E., a member of the State Board of Health to succeed himself for a term of six years. Colonel Ludlow has been the efficient Engineer of the State Board of Health of North Carolina since his original appointment by Governor Chas. B. Aycock in 1901 and has rendered most capable service in the responsible position.

In addition, Col. Ludlow enjoys the unique distinction of being the only lay member of the North Carolina State Medical Society, having been by unanimous vote elected such several years since.

The highest general average made here for the North Carolina State Board of Medical Examiners at the Greensboro session last month was that of Dr. James Simmons, Graham, N. C., who made the splendid average of 93.85. Dr. Louis H. Williams, Faison, N. C., followed close, making second place with an average grade of 93.78. For the third place Dr. Margaret Castex Jones, Goldsboro, N. C., tied Dr. John R. Ashe, Charlotte, N. C., each making an average grade of 93 in all the examinations.

Mention of Dr. Margaret C. Jones, Goldsboro, N. C., making so superb a grade on examination before the North Carolina State Board of Medical Examiners, recalls that in the examinations before the North Carolina Board at Tarboro, N. C., in 1900, the highest average grade made was also 93 and was shared by two women physicians, each leading the leading man, Dr. Dan R. Bryson, Bryson City, N. C., who made the fine grade of 92 and 4-7. The two ladies making the grade of 93 were Dr. Elizabeth Delia Dixon, Raleigh, N. C., now a leading physician of the capital city, and widely known for her general culture and attainments as well as professional erudition and skill (the wife of Dr. Norwood Carroll, Raleigh, N. C.) and Dr. Sallie Borden, Goldsboro, N. C. Dr. Borden wedded shortly after her admission to practice Dr. Paul C. Hatton, U. S. A., (now Major Hatton) and is the busy wife and happy mother of four fine children, and has long since retired from practice.

The Medical Society of the State of North Carolina at the Greensboro, N. C., meeting of June 15-18 elected Durham, N. C., as the place of meeting in 1916 and fixed the third week of April, 1916, as the time of the session.

Officers for the next year were chosen as follows:

President—Dr. M. H. Fletcher, of Asheville.

Secretary—Dr. Benjamin K. Hayes, of Oxford.

Treasurer—Dr. W. M. Jones, of Greensboro.

Vice-Presidents—Drs. J. L. Nicholson, Richlands; L. N. Glenn, Gastonia; W. H. Hardison, Creswell.

The following committees were named:

Scientific Work—W. De B. MacNider, Chapel Hill; William T. Carstarphen, Wake Forest; B. K. Hayes, Oxford.

Public Policy and State Legislature—J. M. Parrott, Kinston; J. M. Templeton, Cary; L. B. McBrayer, Sanatorium.

Publications—Charles S. Mangum, Chapel Hill; J. P. Monroe, Sanford.

Obituaries—A. W. Knox, Raleigh; E. G. Moore, Elm City; I. W. Faison, Charlotte.

Finance—Carl Reynolds, Asheville; Joseph F. McKay, Buies Creek; L. D. Wharton, Smithfield.

Arrangements—W. N. King, Durham, chairman.

Dr. W. S. Rankin was re-elected secretary of the State Board of Health for a term of six years.

The Board of Medical Examiners of the State of North Carolina met in Greensboro June 8-11. The following examiners were present: Dr. Jno. G. Blount, Washington; Dr. Chas. T. Harper, Wilmington; Dr. J. F. Highsmith, Fayetteville; Dr. Jno. Q. Myers, Charlotte; Dr. M. M. Stevens, Asheville; Dr. I. M. Taylor, Morganton; and Dr. H. A. Royster, Raleigh.

The members of the board put up seventy questions on thirteen subjects. One hundred and four applicants passed their examinations successfully. Thirty-three received reciprocal licenses. The examinations of thirty were unsatisfactory. Two obtained limited license. The total number of licenses issued was one hundred and thirty-nine.

The following are the questions asked at this meeting:

Questions on Surgery

Dr. H. A. Royster, Raleigh.

1. (a) What is the surgical significance of leucocytosis? (b) Describe the repair of wounds.

2. Give the symptoms, pathology, diagnosis and treatment of acute osteomyelitis.

3. How would you recognize a fracture of the neck of the femur? How

would you manage such a case?

4. What are the common tumors of bone? Give their etiology, pathology and differential diagnosis.

5. Describe the kinds of goitre and give the indications for surgical interference.

6. Discuss the differential diagnosis between chronic appendicitis, gall-bladder disease and gastric ulcer.

7. Define empyema, scoliosis, lipoma, pyemia, cholestenterostomy, exostosis, gastrectomy thoracotomy, ranula.

8. How would you arrive at a diagnosis of tuberculous of the kidney? What is the prognosis and treatment?

9. Give the signs of dislocation: (a) of the shoulder; (b) of the elbow, and methods of reduction in each.

10. (a) How would you distinguish between iritis and glaucoma? (b) What are the evidences of adenoids, and the treatment?

Questions on Pharmacology, Materia Medica And Therapeutics

Dr. John Q. Myers, Charlotte.

1. Define: (a) Pharmacopoeia; (b) Posology; (c) Clyster; (d) Cataplasm; (e) Empirical Therapeutics.

2. Give the chemical name of (a) White Precipitate; (b) Basham's Mixture; (c) Salol; (d) Fowler's Solution; (e) Plaster of Paris; (f) Alum; (g) Sugar of Lead; (h) Soap; (i) Synthetical Oil of Wintergreen; (j) Blue Ointment.

3. Name the important constituents of the following: (a) Gray Powder; (b) Dover's Powder; (c) Paregoric; (d) Carron Oil; (e) Blaud's Pills.

4. What drugs would you prescribe in hemorrhage of the lungs, due to Mitral Stenosis, and why?

5. Give Physiological and Chemical antidotes for (a) Morphine; (b) Carbolic Acid; (c) Arsenic; (d) Strychnine; (e) Bichloride of Mercury.

6. Write a prescription for Acute Iritis. Explain its action in preventing the usual complications.

7. Write prescription for (a) Suppository for Hemorrhoids; (b) An ointment for Scabies; (c) A lotion for Pruritus; (d) A liniment for Myalgia; (e) A paste for acute Eczema.

8. Compare the action of Strychnine and Chloral Hydrate on the spinal cord.

9. Name the class of Cathartics to which each of the following belongs, and give dose and distinctive action; (a) Podophyllin; (b) Aloin; (c) Oleum Tiglii; (d) Mild Chloride of Mercury; (e) Magnesium Sulphate.

10. Name the important (a) Vaccines; (b) Antitoxins; (c) Serums, now used in preventive medicine.

Answer only eight questions. Oral examination counts twenty per cent.

Questions on Chemistry

Dr. J. M. Taylor, Morganton, N. C.

1. What is meant by specific gravity? How is the specific gravity of liquids most easily determined? What is a urinometer, its uses and the meaning of the figures on its graduated stem?

2. What is meant in chemistry by an element? A compound? A mixture? A salt? An alkaloid?

3. What is meant by inorganic chemistry? Organic chemistry?

4. Give chemical names and chemical symbols of sugar of lead; Glauber salts; blue stone; a salt of mercury; of iron; of magnesium, and of potassium (all medicinal agents).

5. Name two alkaloids in common use in medicine.

6. What is the antidote for carbolic acid? For corrosive sublimate?

7. What is an enzyme? What are the enzymes of the gastric juice and their principal action?

8. What is the difference between alcohol and ether?

9. What are the chlorine salts of mercury; common name; chemical name; chemical formula, and toxicity each?

10. What is the normal chemical reaction of saliva; gastric juice; pancreatic juice; blood; bile; tears; urine?

Pediatrics

11. Give differential diagnosis between measles and scarlet fever.

12. What are the causes of convulsions in infancy and childhood?

13. What are the early symptoms of scorbutus and rachitis, and in what classes of children should we be on the watch for their development?

14. Causes and treatment of ileo and colitis?

Questions on Physiology, Pathology and Hygiene

Dr. M. L. Stevens, Asheville.

1. (a) What is the purpose of digestion? (b) Name the digestive fluids, the digestive ferments contained in each and indicate the action of each of these ferments.

2. What factors are concerned in producing normal blood pressure? (b) What is the normal blood pressure as indicated in millimeters of mercury? (c) Name two pathological conditions in

which the blood pressure is markedly increased.

3. (a) Define reflex action. (b) Give an illustration of it as applied to a voluntary muscle. (c) To an involuntary muscle. (d) To a gland.

4. (a) What is the most important end product of the destruction or physiologic oxidation of proteid food in the body? (b) In what organ is it produced? (c) Where ordinarily found? (d) What amount is usually eliminated from the body per day? (e) What is the significance of the amount daily excreted?

5. (a) Give the origin, number and function of the leucocytes. (b) Name three conditions physiological or pathological in which you would find their number increased.

6. (a) Define immunity. (b) Natural immunity. (c) Acquired immunity. (d) Mention ways in which immunity may be acquired.

7. Give the pathology of Arteriosclerosis.

8. (a) Enumerate all the various ways in which Typhoid is ordinarily spread. (b) Indicate the measures you would institute for safeguarding others when treating a case of it in your practice.

North Carolina State Board of Medical Examiners June, 1915, Meeting Greensboro, N. C.—Questions on Anatomy by Dr. Charles T. Harper, Wilmington, N. C.

1. Describe the Tibia.
2. Describe the Nasal Fossae.
3. Describe the Hip Joint.
4. Give origin, insertion, nerve supply and action of internal oblique muscle.
5. Describe the following nerves: (a) Phrenic; (b) Radial.
6. Describe the Vertebral Artery.
7. Bound the Popliteal Space and mention its contents.
8. Describe the Small Intestine, and give nerve supply.
9. Describe the Ovaries and give blood supply.

10. Name what structures that would be severed in an amputation at the middle of the Humerus.

Questions on Practice of Medicine

Dr. Jno. G. Blount, Washington, N. C.

1. Describe in detail the Symptomatology of Typhoid Fever (a) when is perforation most apt to occur; (b) upon the presence of what four symptoms would you rely in advising operation?

(2) Name the two varieties of Dysentery (a) How would you differentiate?

(b) In which form is abscess of Liver most apt to occur as a complication; (c) Give treatment of the two forms.

3. Differentiate between Hyper-Acidity, Gall Stone, Appendicitis, and Renal Calculus.

4. Differentiate Aortic and Mitral Valvular disease (a) Where is the Aortic regurgitant murmur most distinctly heard (b) Where is the Mitral regurgitant murmur most distinctly heard.

5. (a) When is the patellar reflex increased? (b) When diminished?

6. (a) Describe the Argyll Robertson pupil (b) Describe Romberg's Sign; (c) Name other symptoms of the disease that these symptoms accompany; (d) Give Etiology—Treatment.

7. What are the early manifestations of hereditary syphilis?

8. What is intestinal Stasis; How would you divide its Causes; Give examples of each.

9. What is Tinea versicolor; differentiate between Vitelligo, Chloasma, and Macular Sypholoderm; How would you treat the disease?

10. Define toxic insanity. What two groups of poisons are responsible for it?

Questions on Gynecology and Obstetrics.

Dr. J. F. Highsmith, Fayetteville.

1. Describe the fetal heart sounds, give their rate, and state when and where they are best heard.

2. What are the danger signals of impending Eclampsia? (b) What is the prognosis? (c) Describe an eclamptic attack and give the treatment.

3. Into what stages is labor divided, define the same, and give a brief description of the management of each stage.

4. Differentiate the male from the female pelvis. What is the importance of these differences in labor?

5. What are the general precautions to be employed in using the forceps? Give the technique of the high forcep operation.

6. What is post mortem hemorrhage? State the causes and symptoms, and give the treatment, including its prophylaxis.

7. Give the symptoms and treatment of mammary abscess.

8. Give the signs of fetal death in utero and the proper treatment of the mother when this condition occurs.

9. What are the causes of hemorrhage from the non-pregnant uterus? Give the treatment for the most usual forms.

10. What are the symptomatic indications for curettage? Give the steps of the operation.

BOOK NOTICES.

Selected Papers, Surgical and Scientific, from the writing of Roswell Park, late Professor of Surgery in the University of Buffalo, and Surgeon-in-Chief to the Buffalo General Hospital. With a Memoir, by Charles G. Stockton, M. D. The Courier Co., Buffalo, N. Y., 1914. Price, \$3.00.

This is a remarkably interesting volume of about 400 pages. Dr. Park was one of the most accomplished medical gentlemen of this country. There has been a Roswell Park in seven generations, he representing the 8th. His family history can be traced without a missing link from 1640 to the present time. His father was a man of great prominence and was quite a well known writer. The following is a list of some of his more important publications: Juvenile and Miscellaneous Poems, 1836; Sketch of the History of West Point, 1840; Pantology, A Systematic Surgery of Human Knowledge, 1841; Handbook for Travelers in Europe, 1853; Jerusalem and Other Poems, 1857; together with various text-books for the use of his pupils.

Dr. Park, the subject of this sketch, was born in Pomfret, Conn., May 4, 1852. He received the degree of A.B. at Racine, Wis., in 1872, and A.M. in 1875 at the Northwestern University. In 1876 he received the degree of M.D. and in 1892 he received the degree of LL.D. at Yale. In 1880 he was demonstrator of anatomy at the Woman's Medical College of Chicago, and in 1879 he was professor of anatomy at the Northwestern University. In 1882 he lectured on surgery at Rush Medical College, Chicago, and for many years prior to his death he was professor of surgery at the University of Buffalo, and surgeon to the Buffalo General Hospital. He attended President McKinley after he was shot September, 1901. He was ex-president of the American Surgical Association; ex-president of the Medical Society of the State of New York, and was the author of the following books: History of Medicine, 1891; Text-Book of Surgery, two volumes, 1896, and Principles and Practice of Modern Surgery, 1907.

Practical Medicine Series, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern

University Medical School. Roger T. Vaughan, Ph.B., M.D. Volume II. General Surgery. Edited by John B. Murphy, A.M. M.D., LL.D., F.R.C.S., England (Hon.), F.A.C.S., Professor of Surgery in the Northwestern University; Attending Surgeon and Chief of Mercy Hospital and Columbus Hospital; Consulting Surgeon to Cook County Hospital and Mexican Brothers Hospital, Chicago. Series 1915. Chicago: The Year Book Publishers, 327 S. La Salle Street.

This volume is one of a series of ten issued at about monthly intervals and covers the entire field of medicine and surgery, each volume being complete for the year prior to its publication on the subject of which it treats. These volumes are published primarily for the general practitioner, at the same time the arrangement in several volumes enables those interested in special subjects to buy only the parts that they desire.

This volume by Dr. Murphy is particularly interesting and valuable. The cuts in it are quite numerous and appropriate. It has more beautiful illustrations in it than any volume, either large or small, that has ever come to this office. It contains 602 pages, is thoroughly indexed and the general appearance of the volume is similar to those that have appeared this year. We know of no medical publication more valuable to the general practitioner or specialist than these practical medicine series.

Price of this volume \$2.00, price of the series of ten volumes \$10.00.

Keynotes of the Homoeopathic Materia Medica. By Dr. Adolph von Lippe. Edited by Donald Macfarland, M.D., with an Introduction by William B. Griggs, M.D. 163 pages. Cloth. \$1.00 net. Philadelphia: Boericke & Tafel. 1915.

From a homoeopathic standpoint, this is an interesting and valuable little book. It deals in a brief manner with the principles of homoeopathy, mainly homoeopathic materia medica. If a physician interprets intelligently the homoeopathic principles of the treatment of disease outlined in this book, he is a very valuable man in the sick room. If a physician of any school will read this little volume he will get many practical and valuable points.

How to Use The Repertory. With a Practical Analysis of Forty Homoeopathic Remedies. By Glenn Irving Bidwell, M.D. 156 pages. Cloth.

\$1.00 net. Philadelphia: Boericke & Tafel. 1915.

This index or catalog of the practical analysis of homoeopathic remedies is very ingeniously and appropriately compiled by Dr. Bidwell. From a homoeopathic view point, it will be of great value to the general practitioner.

Every-Day Diseases of Children and Their Rational Treatment. By Geo. H. Candler, M.D. Second edition. The Abbott Press, Chicago, Ill. 1914. Price \$1.00.

This book is not intended for the pediatrician but for the general practitioner. It does not go into the description of the etiology and pathology of the various disorders of childhood but deals mostly with the treatment.

It is very conveniently arranged and indexed so completely that as a reference book it is quite practical. It is written in an interesting and entertaining style and contains much scientific information arranged and condensed in such a way as to enable the reader to find the information that he is looking for. The reviewer takes much pleasure in recommending the book.

Balneo Gynastic Treatment of Chronic Diseases of the Heart. By Professor Theodor Schott, M.D., Bad-Nauheim, Germany. Duodecimo; 181 pages; 87 illustrations. Philadelphia: P. Blakiston's Son & Co., 1914. Price \$2.50.

It is very commonly known that physical therapy has been much neglected, not only in England but especially so in the United States. This book dealing as it does with the mechanical and balneologic treatment of cardiac disease should therefore be very interesting. Dr. Schott gives in an interesting style a detailed description of the Nauheim bath treatment and what therapeutic results may be expected from it. The doctor also discusses the treatment of cardiac cases by gymnastic exercises and shows by means of numerous full page illustrations exactly how these gymnastic exercises can be carried out.

It is certainly the duty and pleasure of the reviewer to recommend this book. It is decidedly one that may be read with much profit by anyone interested in the treatment of chronic heart diseases.

Meatless Cookery. With Special Reference to Diet for Heart Disease, Blood Pressure and Auto-Intoxication. Compiled by Maria McIlvaine Gillmore.

Introduction by Louis Faugeres Bishop, M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University. Cloth. Price \$2.00 net. pp. 352. New York: E. P. Dutton & Co., 1914.

This interesting volume contains a complete series of attractive menus and recipes selected apparently with a reference to their use in case of heart disease, blood pressure and auto-intoxication. It is mainly in these diseases the writer believes that rich foods are especially objectionable, and the author places foods among the most prominent causes of the neuroses and various intoxications consequent on the present day mode of living. The book is the outcome of the author's own extensive experience in hospital cooking. It contains the suggestions of patients and various experts that have been consulted. The many recipes that are given are wholesome, nutritious, and not of the delicate fancy type or order usually found in meatless cook books. A few recipes for the use of chicken and eggs in case heavier diets may be desired are included.

The volume is very nicely and attractively gotten up.

A Text-Book of The War For Americans. Written and Compiled by an American. Being the Fourth Edition of "A Primer of the War for Americans." Revised and Enlarged. J. William White, M. D., Ph.D., LL.D. Philadelphia; The John C. Winston Company. Publishers.

Marked by the clarity of thought and expression for which Dr. White is noted and the exhaustive manner in which he has handled the subject, this new book is likely to be regarded as the standard work that answers fully and clearly the many questions involved in the precipitation and conflict of the war, especially as they affect America.

The reviewer of this book remarked to a friend of his only a few nights ago that every intelligent man ought to read and read over and over again the diplomatic correspondence that has taken place between the different warring nations. There has been no time in the history of the world when greater questions of a diplomatic character have been handled with so many delicate expressions, and when the meaning of every word has been studied and properly placed.

The book contains 551 pages and it is not illustrated, but accurately indexed.

A Text-book of The Practice of Medicine. For Students and Practitioners. By Hobart Amory Hare, B.Sc., M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania. Third edition, revised and enlarged. Imperial octavo, 969 pages, with 142 engravings and 16 plates in colors and monochrome. Cloth, \$6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Ever day usefulness is the dominant characteristic of the new edition of Hare's Practice. A rare faculty for concise expression has enabled the author to present in one volume of not excessive bulk essential facts in Practice in a form which renders them peculiarly available for the use of practitioner and student. Moreover conciseness has not entailed loss of literary quality or of fluency in diction.

Dr. Hare's insight into the needs and problems of the man in general practice, and his ability to supply the exact information required, in the form in which it is available for instant use, are elements which give this work a distinctive value.

Pathology, Symptomatology and Diagnosis are given full consideration, but emphasis laid on Treatment as the final aim in practice, and the therapeutic recommendations are accordingly set forth in detail, with indications for their employment. A comprehensive knowledge of the latest advances of present-day medicine is balanced by a wise conservatism.

The revision, which has been most thoroughly carried out, amounts practically to a rewriting of the book. New sections have been added to include the recent advances in every department of medical science, and each page has been subjected to a most careful scrutiny. The physician who has enjoyed the advantage of using Hare's Practice as a work for daily consultation will appreciate this new edition. To those who have not used it, the book can be recommended as a work of the highest didactic quality, of practical directness, and sustained interest.

The plan of the work is such as to emphasize the usefulness of the material presented. In the consideration of each disease a definition and general discussion is followed by a statement of its distribution and history; etiology; prevention and frequency; pathology and symptoms; complications and sequelae. Diag-

nosis and prognosis are taken up in order and in full detail, and an exhaustive discussion of treatment follows. A splendid index of 64 pages renders every item of essential information accessible.

Students' Manual of Gynecology. By John Osborn Polak, M. Sc., M. D., F. A.C.S., Professor of Obstetrics and Gynecology. Long Island College Hospital; Professor of Obstetrics in the Dartmouth Medical School; Gynecologist to the Jewish Hospital; Consulting Gynecologist to the Bushwick, Coney Island, Deaconess' and Willsburg Hospitals, Brooklyn, and the Peoples Hospital, New York; Fellow American Gynecological Society, etc. 12mo, 414 pages, illustrated with 100 engravings and 9 colored plates. Cloth, \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

There is a refreshing quality of conciseness about this work in which, while overlooking no item of essential and definite knowledge in the field of diseases peculiar to women, the author carefully avoids excursions into the realms of obstetrics and abdominal surgery and avoids the consideration of the theoretical aspects of his subject.

The facts that modern medical science has definitely established are plainly set forth. The pathology of the various disorders is adequately considered, and emphasis is laid on diagnosis and treatment. Indications for surgical intervention are fully presented, and a step by step description of the usual gynecologic operations enables the student readily to assimilate the procedures and technic, or the practitioner to refresh his memory quickly on any doubtful point.

The plan and arrangement is orderly to a marked degree. The opening chapters deal with the physiology of the various genital organs, with puberty, menstruation, ovulation and menopause, with discussion of hygienic considerations.

Chapters on general gynecological diagnosis serve as an introduction to the detailed consideration of the various gynecologic operations to which the book is largely devoted. Under each disease the pathology, the symptoms, diagnosis and treatment are presented fully and in sequence. Salient facts are emphasized. The full directions for treatment are a feature of marked value, and embody the best present-day practice.

While the author is evidently familiar with the literature of this department, he

has based his work largely on personal observation, and has made accessible in small compass all the essential data required by the student and all that is demanded of a working manual for the general practitioner.

Diseases of the Digestive Organs. With Special Reference to their Diagnosis and Treatment. By Charles D. Aaron, Sc.D., M.D., Professor of Gastroenterology in the Detroit College of Medicine and Surgery; Consulting Gastroenterologist to Harper Hospital. Octavo, 790 pages. Illustrated with 154 engravings, 48 roentgenograms and 8 colored plates. Cloth, \$6.00, net.

Scientific medicine has achieved some of its most notable recent triumphs in the field covered by Dr. Aaron. Modern research; improved facilities for observation; the development of roentgenographic technic and the perfection of the various tests and reactions have added immensely to our store of useful knowledge. In a work of extraordinary scope and equal value all this material is presented by Dr. Aaron in a form which makes it immediately available. The author's work is notable not less because of the vast amount of material handled than for its clear presentation; his emphasis on diagnosis and treatment, and the absolute elimination of abstract theories in favor of the practical, proven and useful.

Recognizing the tendency to isolate the consideration of diseases of the digestive organs from the great body of internal medicine, Dr. Aaron is at pains to point out the direct and vitally important connection and interdependence of the functions of the digestive tract and of the other organs, and between gastroenterology and all branches of internal medicine.

The diagnosis and treatment of digestive diseases are clearly set forth, and to give clarity to the handling of the subject the material and conclusions are presented in accordance with the physiologic path of the digestive tract, beginning with oral diseases and proceeding to the consideration of those of the pharynx, esophagus, stomach, liver, gall-bladder, bile duct, pancreas, small intestine, vermiform appendix, colon, sigmoid flexure, rectum, and anus.

Recent progress in the study of internal secretions; the various tests and reactions; qualitative and quantitative analyses as disclosing the condition of intestinal functions; improved methods in the examination of feces; test meal

technique and findings; dietetics, mineral-water therapy; hydrotherapy; Mechano-therapeutic agencies; oral sepsis as a predominating factor in the etiology of obscure gastro-intestinal disorders; duodenal feeding, and the functions of the liver and pancreas in metabolism receive most enlightening consideration from a distinctly advanced viewpoint. The importance of the roentgen ray in limiting the necessity for exploratory laparotomy and in increasing the exactness of diagnosis is dwelt on in a useful chapter, which embodies the most recent advances in roentgenographic science as applied to this department of medicine.

While the author's viewpoint is that of the internist, and he has emphasized medical treatment, he gives adequate consideration to indications for surgical intervention. The attention afforded the physiology of digestion; methods of examination; the significance of findings; the technique of various treatments; therapeutic agencies and the minute consideration of symptoms, diagnosis and treatment in each disease give to this work an encyclopedic completeness. The author is not only a master of the subject but of its presentation. His work will be equally valuable as a working manual and reference volume for the practitioner or a complete treatise for the specialist.

Outlines of Internal Medicine. For the Use of Nurses. By Clifford Mailey Farr, A.M., M.D., Instructor in Medicine, University of Pennsylvania; Assistant Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital. 12mo., 408 pages, illustrated with 71 engravings and 5 plates. Cloth, \$2.00, net; Lea & Febiger, Publishers, Philadelphia and New York, 1915.

As a basis for a systematic school course in Internal Medicine or as a reference volume for the graduate nurse, Dr. Farr's work has been most logically planned and perfected with a discriminating grasp of the requirements and limitations of a nursing text-book.

He has conscientiously avoided the somewhat frequent practice of making a rudimentary medical work masquerade as a nurse's text-book merely by the insertion of a few general observations on nursing. Confining himself strictly to the consideration of Internal Medicine, he presents it with the single purpose of meeting the nurse's needs. In selecting

his material, in order to emphasize the practical, he has wisely drawn largely on his personal experience in hospital work, although he has referred frequently to the most authoritative text-books for supplementary data.

Believing that an intelligent grasp of the nature of the various diseases, their symptoms and treatment, is essential to the development of nursing efficiency, the author has presented every vital fact in detail but has limited his consideration to essentials and has emphasized those points which will be most useful to his readers. His work is at once comprehensive, readily understood and stimulating to a full conception of all that is comprised in the term "Internal Medicine." The nurse who conscientiously studies this volume can hardly fail to acquire a useful appreciation of the significance of symptoms, of the purpose and technic of treatment and of the nature and causation of the various diseases.

The plan of the work, while novel, is most logical, and from a didactic standpoint presents many advantages. It is divided into ten "Parts," eight dealing with diseases of the various systems and two with harmful agencies (physical, chemical and bacterial) invading the body from without. In each "Part" general considerations are first taken up, to be followed by sketches of the more important diseases, including briefly their etiology, and in more extended detail their characteristics, symptoms and prognosis, with frequent suggestions for emergency procedure. In appropriate sections much information on dietetics of special and general value is presented. The sections dealing with infectious diseases are peculiarly useful both from the logical grouping of topics and the extended consideration of prophylaxis and from the clear insight afforded into serum and vaccine therapy, infection and immunity, and the application of the principles of immunology in diagnosis. A useful section gives in detail the relative frequency of diseases and their relative mortality.

Realizing that an understanding of technical terms is of prime importance, the author makes no effort to avoid their use, but is at pains to supply clear definitions and explanations. While the consideration of every topic is ample and suggests no abridgment, the author's purpose is plainly to develop the student as a well equipped nurse and not as an internist.

The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology and Director of the Laboratory of Hygiene, University of Pennsylvania. 12mo., 650 pages, with 113 illustrations, 28 in colors. Cloth, \$2.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

While carefully preserving the characteristics of inclusiveness and of brevity, clarity and scientific accuracy of statement, which established the popularity and usefulness of Abbott's *Bacteriology* in its previous editions, the author has accomplished this revision with such thoroughness that the ninth edition is substantially a new work. The recent remarkable development of bacteriological science have necessitated so many changes in the text that the author has embraced the opportunity to review the whole subject from the most modern viewpoint, to include all recent advances of proven value, eliminate all obsolete and unessential material, and to greatly elaborate his work.

Concise statement, clear expression and the elimination of theoretical considerations in favor of essentials constitute this a working manual whose usefulness will impress itself more and more on the practitioner or student as he avails himself of its guidance. Every step in every process is made clear. The details of laboratory technic are presented in complete but not burdensome detail.

Historical notes, which are not too profuse, stimulate interest in the study, and aid in the comprehension of the subject by showing the steps in the development of modern Bacteriology. The author's emphasis on the applications of Bacteriology in Etiology and Preventive Medicine is a point of peculiar value. The sections dealing with the physiological functions of bacteria are most enlightening, and the latest knowledge of complement fixation, hemolysis and the reactions of immunity is adequately presented. The diagrammatic illustrations accompanying this section are a substantial aid to its understanding.

This is a simply expressed but thoroughly scientific presentation of the proven and useful in a field where the seeker after information is often confronted by a baffling mass of abstruse and often theoretical details.

Millard Fillmore. Constructive Statesman, Defender of the Constitution,

President of the United States. By William Elliot Griffis, D.D., L.H.D., Corporal in the Flag-Guard, 44th Regiment, Pa. Vols., 1863, Pioneer Educator in Japan, 1870-1874, Author of "The Mikado's Empire," etc. Andrus & Church, Ithaca, N. Y., Price \$2.00.

Millard Fillmore was a man of active and deep convictions and lacked much of being the "colorless" man in American politics that he was often accused of being. He helped much to bring in the modern world. He killed off one war and postponed for a decade the greatest.

Few public men have had a nobler record of constructive statesmanship. As state legislator, he secured the repeal of laws requiring imprisonment for debt and also the abolition of religious qualifications for test oaths. He developed the public school system and opposed with might the distribution of State or city funds for sectarian education.

In Congress he was the father of the protective tariff of 1842, and of a frontier policy which maintained the peace of a hundred years.

As Vice-president, he vindicated the dignity of the national government through his initial establishment of fixed rules of order in the Senate, demonstrating that ours was not a league of states, but an indestructible union, a nation.

As president he fathered the Japan expedition, hastened cheap postage and international copyright, defeated sectionalism and foiled the filibusters, etc.

In every period of his life he did things noteworthy but which many of us are not aware of. Public opinion concerning him was formed too soon. The recent historians have been more just in their judgments.

In private life he was a model citizen. Not many presidents of the United States can show a record like his. During his life he was misrepresented and so he kept silence and bided his time. As the years roll on, his name will shine brighter.

Flies in Relation to Disease. Blood-sucking Flies. By Edward Hindle, B.A., Ph.D., Assistant to the Quick Professor of Biology, Cambridge. Cloth. Price \$3.75. pp. 398, with 88 illustrations. New York: G. P. Putnam's Sons, 1914.

Although it is now generally recognized that flies are very important agencies in the dissemination of infectious diseases, few people are aware of the remarkable advances which have resulted from modern research in this field.

To the general public the practical application of these researches appeals with greater force than the detailed accounts of investigations.

The author's main object in writing this book has been to collocate the more important observations concerning the part taken by biting flies in the transmission of disease. In doing this he has included notes on the classification of the flies concerned and also descriptions of the infections transmitted, but he has not attempted to give any account of the clinical symptoms of the various diseases, either of man or animals. Special attention has been devoted to the modes of life of the more important insects mentioned, to the manner in which the infection is transmitted from one host to another, and also to any preventive measures directed either against the flies or the infections themselves.

The subject matter of the book is arranged as follows: First there is a short introduction, then follow the chapters on the structure and classification of the Diptera which is accompanied by a list of biting flies known to transmit any infection. Each family, including any such carriers of disease, is then dealt with separately and in most cases some important member of the family is described in greater detail. Usually the description of the infections immediately follows that of the family concerned in their transmission. At the end of each chapter are given a few references to the literature on the subject.

Diseases of Infancy and Childhood, Their Dietic, Hygienic, and Medical Treatment. A Text-Book Designed for Practitioners and Students in Medicine. By Louis Fischer, M. D., Attending Physician to the Willard Parker and Riverside Hospitals of New York City; Attending Pediatricist to the Sydenham Hospital; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital, Etc., Etc. Sixth Edition. Philadelphia: F. A. Davis Company, Publishers. 1915.

The studies of Noguchi and of Schick have rendered considerable revision of the material covering the subdivision of diagnosis necessary. We are indebted to them for the Butyric-acid test for syphilis and the Schick reaction which shows the presence or absence of antitoxin in the blood.

The point of entrance of the virus in meningitis is probably in the nasopharynx

which etiologic factor changes our conception of the etiology of this disease. New plates show the meningococcus, also the spirochete in cutaneous infantile syphilis. A splendid description of the carmine test for diagnosis of pyloric stenosis is also given.

In the chapter on nutrition the newer conceptions of the value of the Bulgarian bacillus and of cocoa and chocolate have been given.

In the article on Pellagra the wide clinical experience and the latest research work of our government experts have been included.

This volume will prove to be, as the other volumes have been, a great aid to the busy practitioner and to the student.

Price \$6.50.

Legal Principles of Public Health Administration. By Henry Bixby Hemenway, A.M., M.D., Fellow, American Academy of Medicine; Fellow, American Medical Association; Member, American Public Health Association, etc., etc. Introduction by John Henry Wigmore, L.L.D., Northwestern University Law School; Illinois Commissioner on Uniform State Laws, etc. Chicago: T. H. Flood and Company, Publishers. 1914.

Dr. Wigmore in his introduction says: "This book is a sign and a product of the times. Community health as a public function is a novel institution, scarcely adult. In a time within my memory, the only law that one heard of for public health was the quarantine rule that ships coming up the bay from a plague-rumored Oriental port must lie at anchor for forty days, detaining all their passengers and crew on board.

"It is modern science that has vastly enlarged the scope of modern law. We have found that the scope of measure necessary for common defence calls for this enlargement of function.

"The law has become involved in the necessities of applied science. Is it yet equal to the task? Will old and settled principles serve? Do the new measures call merely for new applications of old principles, or for their destruction and the creation of new ones? Is it merely a changed phase of the conflict between individual liberty and general welfare—between executive discretion and fixed law,—between officialism and laissez faire? This book answers these great question."

Lawyers, judges, and health officers all ought to read this book and ponder every

chapter. It is necessary that each profession learn as much as possible of the other and to examine its own postulates in the light of the other's.

This is a well bound volume of 859 pages and contains both a general index and an index of cases. Both add considerable value to an already valuable book.

What Every Mother Should Know About Her Infants And Young Children. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children New York Polyclinic Medical School and Hospital. New York: Paul B. Hoeber, 67 E. 59th St. 1915. Price \$3.50 net.

The purpose of this little book is to place in the hands of the mother of moderate means, concise, readily understood and practical instructions for the care of their infants and young children.

Dr. Kerley gives a chapter on Hygiene, Maternal Nursing, Artificial Feeding, Feeding From First to Sixth Year, Diet After the Sixth Year, etc. The book is very practical and the reviewer feels sure will be very useful.

Johnny Appleseed. The Romance of the Sower. By Eleanor Atkinson, Author of *Greyfriars Bobby*. With illustrations by Frank Merrill. Harper & Brothers: New York and London. 1915. Price \$1.25.

Three-quarters of a century ago "Johnny Appleseed" was still a loved and revered guest in the cabins of our grandfathers. His orchards lived after him. Some of his trees may be standing today but the man who planted them has receded to a dim, legendary figure.

The purpose of this book is to bring again to our minds the life and work of Johnathan Chapman known as "Johnny Appleseed."

Johnny lived in the days of the pioneers who crossed the Alleghanny Mountains; of the river boatman who navigated the uncharted waterways of the old Northwest Territory, and of the Indian fighters of the last border wars. All of these played their honorable parts in the winning of an empire of forest and prairie, but no one of them labored with greater courage, over such a large region of country, or toiled with the unselfishness and untiring zeal of this heroic orchardist. He was half mystic, half poet, a lover of nature and a lover of his fellow men, and spent his life in solitary and perilous wandering, always in the van of migration, making the wilderness

blossom with apple trees. His was a beautiful life of self-sacrifice for instead of wandering around over the wilderness Johnny would much have preferred his own cabin and beautiful orchard and a family of his own.

To those of us who are not familiar with this noble life, and few of us are, the volume will be very interesting indeed.

The Practical Medicine Series. Comprising Ten volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume III. The Eye, Ear, Nose, and Throat. Edited by Casey A. Wood, C.M., M.D., D.C.L. Albert H. Andrews, M.D., William L. Ballenger, M.D. Series 1915. Chicago: The Year Book Publishers, 327 S. La Salle St. Price of this volume \$1.50. Price of the series of ten volumes \$10.-00.

In this volume Dr. Wood has charge of the department of the eye, Dr. Andrews the department of the ear, and Drs. William Ballenger and Howard Ballenger the department of the nose and throat.

This series is certainly a valuable one. Every doctor would do well to take it.

Miscellaneous.

The "City" Anemic,

The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers, and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, or course, remedy the cause of the anemia and general devitalization, it almost always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

CHLORO-PHENIQUE in an aqueous antiseptic and germicide of remarkable merit indicated in all conditions where an aqueous solution can be used to great advantage, especially among doctors and dentists of higher standing. It is non-irritant to the skin or mucous membranes when properly diluted, or may be used pure as indicated. It possesses superior antiseptic properties, and as a GERMICIDE, it acts with remarkable success in all cases where it is necessary to use a spray.

Home Versus Asylum in New York State.

The great Empire State, a trifle tardily though none the less welcome, turned good angel on July first, and with open-handed generosity will search out and visit the needy homes from the Hudson River to the St. Lawrence, ministering to their wants. That plenty of work will be discovered goes without saying, for in the metropolis alone about 1,500 widowed mothers and perhaps three times as many children await the ministrations of this new kind of justice. Upwards of thirty dollars a month, on the average, it is estimated, will find its way into these bare little homes, driving away worry and want, and wiping out as if by magic the lines of care and the pinch of hunger from the faces of uncomplaining youngsters. There will be a little money for the rent, and something to pay for "real meat" at the butchers, "and lots of bread and potatoes," was the way one eager-eyed little mother put it, as she told the legislative committee last winter of her widowhood struggles.

No larger sum may be given to any mother, under the law, than would suffice to maintain her minor children in an asylum, where the State pays \$10 a month for the board of an orphaned boy or girl. More than 21,480 children on the average have been supported in the institutions of New York City, at a total outlay of \$2,827,658 a year. Even now a majority of these children must continue to be wards of the municipality for the reason that only about 10 per cent. of them have mothers living. This percentage of little ones had to be committed because of grim poverty, but from now on they may live happily at home. About \$500,000 will be disbursed annually in equal monthly allowances through local child-welfare boards to their mothers. This will not apply, however, in cases where the family has resided less than two years in the county, or if the hus-

band was not a citizen at the time of his death.

In the less densely populated districts, the problem is not quite so acute, although it is estimated that there are about 10,500 dependent children in the remaining fifty-six counties of the State, for the care of whom \$2,175,000 more is spent yearly. Here again it is found that a large percentage has lost both parents, but at least 1,000 of these boys and girls will leave the cheerless asylums for home and mother. They are not going to grow up as did their grandfathers, in some instances, with life all work and no play.—From "Mothers on the Pay-Roll in Many States," by Sherman Montrose Craiger, in the American Review of Reviews for July.

CHLORO-PHENIQUE may be used pure or diluted, as indicated.

In Diphtheria or Sore Throat use pure, in form of spray.

For a gargle, mouth-wash, tooth-wash, or for cleaning the buccal cavity, dilute with water one to three.

For the nasal cavity, dilute with water one to four.

As a Vaginal douche or in Leucorrhoea, Gonorrhoea, Dysentary, Rectal Troubles, Gynaecological and Obstetric cases dilute with water one to four.

In surgical operations as a prophylactic wash, use pure.

In Ulcers, Abrasions, Abscesses, Cavities, etc., use pure for a dressing or as an injection.

As an Antiseptic wash for Surgical Instruments, use pure.

A full trial of this preparation will convince the most skeptical practitioner of its merits. A thorough trial of the sample of this preparation will prove Chloro-Phenique to be a reliable antiseptic in the every day use of the practicing physicians, dentists and surgeons.

VENFERARSEN. For Intravenous use. This preparation is a solution of Iron Cacodylate and Sodium Chloride. Each cc represents 2-5 grain of the iron salt. This product is valuable in diseases where Iron and Arsenic are indicated, such as Anaemia, Chlorosis, Tuberculosis, Pellagra and Malaria.

5 cc of this solution were found to be the proper maximum dose for intravenous administration.

Dose—5 cc (one ampoule) or less at the discretion of the attending physician.

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R. H. DeButts, D. P. A. Charlotte, N. C.

information address him at P. O. Box 290.
ad-6-16

War Prices.

The enormous advance in the price of drugs, owing to the European war, is well exemplified in the bromide salts. Bromide of Potassium, for instance, which sold before the war at 35c a pound, is now quoted at \$1.25 per pound, and the other salts have advanced in proportion. The very high price and scarcity of these salts is a great temptation for substitution. The safe way for the physician is to prescribe Peacock's Bromides, which, in spite of the great advance in the cost of manufacture, is still sold at the old price. Its formula has not been changed and this is a guarantee of uniformity and purity.

ad-10-15

Putting a Check on Tissue Waste.

Physicians find that Cord. Ext. 01. Morrhuac Comp. (Hagee) is one of the most effective means to check tissue waste. The valuable active principles of the oil are preserved in Cord. Ext. 01. Morrhuac Comp. (Hagee). Its administration improves the digestive processes and increases the cellular elements of the blood-stream. An agent that exerts such an increase on the blood cells, must of necessity, check tissue waste.

An Efficient Endamebicide.

The specificity of the alkaloids of ipecac in the treatment of amebic dysentery has been recognized for some time, but it was not until the discovery of a method by which large doses of ipecac could be given by mouth without causing nausea that this disease could be properly treated by oral administration.

By combining the ipecac with a form of hydrated aluminum silicate, known as Lloyd's Reagent, Eli Lilly & Company have made it possible for the physician to administer ipecac freely without producing any gastric disturbance. The explanation of this is found in the fact that the alkaloids are combined with the hydrated aluminum silicate in such a way that they are insoluble in the acid secretion of the stomach. They are liberated, however, in the alkaline media of the intestines.

In the light of recent discoveries that endamebas are also the cause of pyorrhea, ipecac, already well and favorably known in the treatment of amebiasis, has enjoyed greatly increased prominence and is today ranked as one of the most useful drugs.

Alcresta Ipecac is a very satisfactory preparation of the ipecac alkaloids for oral administration. In the treatment of amebic dysentery and pyorrhea it renders unnecessary the use of the hypodermatic syringe and is thus more convenient for both doctor and patient, as well as at the same time being more economical. Literature and information on this preparation may be had from Eli Lilly & Company at Indianapolis.

A Valuable Mechanical Laxative.

In view of the many varieties of liquid petrolatum with which the drug market abounds, and the questionable quality that distinguishes much of it, physicians will welcome the announcement that Parke, Davis & Co. are supplying a product, under the designation of American Oil, that bears a substantial guaranty of purity and efficiency.

American Oil, P. D. & Co., which is distilled from American Petroleum, is a product of high specific gravity and great lubricating power. It is tasteless, colorless and odorless, and is guaranteed to be free from sulphur compounds, acids, alkalies and all harmful by-products.

American Oil is not a purgative. Neither is it a laxative in the general sense of stimulating the bowel by local irritation. Its function is that of an intestinal lubricant. It passes in toto through the alimentary tract, not a particle of it being digested or absorbed. It mingles with the food in the stomach and upper intestinal tract, with the result that the feces become thoroughly lubricated and pass through the lower bowel more rapidly than they otherwise would and are expelled from the colon more promptly and with greater ease. Not the least valuable feature of this liquid petrolatum is its protective effect on the stomach and intestine, it being well known that abrasions or irritations of the mucous surfaces permit bacterial infection and general toxemia.

American Oil may be taken with a pinch of salt or a dash of lemon juice, if the patient so desires, or it may be floated on a glass of water, wine, milk or other beverage. The dose recommended for adults is one of two tablespoonfuls morning and night, before or after meals, for the first two or three days. Later the amount may be diminished. To insure against possible mistakes, physicians will do well to specify "P. D. & Co." on their prescriptions.

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Mexican Drugs.

The warlike disturbances in old Mexico are responsible for many troubles of manufacturers and importers of botanical drugs. Mexico is the source of quite a number of our medicinal plants, and some of these are practically unobtainable. It seems to be unsafe for the peons, who usually work under the supervision of a professional collector, to venture far away from settlements, and even when they succeed in gathering a shipment, there is no guarantee that it will ever reach the border. For more than twenty years *Cereus Grandiflorus*, used in the manufacture of *Cactina* Pillets, has been cut on the mountain slopes of the Vera Cruz range situated in the state of Tamaulipas. The Sultan Drug Company

states that very few shipments have found their way into the United States, and at one time they were greatly concerned about the safety of one of their collectors, an American who has lived in Mexico many years. For some time past the Sultan Drug Company has been carrying at least a year's supply of *Cereus Grandiflorus* ahead, as the dangers of this unsettled condition were anticipated. ad-10-15

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page —this issue).

In Goitre

— and thyroid derangements in general — there is no remedy so uniformly effective as iodine, especially when administered in the form of

BURNHAM'S SOLUBLE IODINE

Owing to the soluble character of this product, its notable freedom from gastric irritation, and rapid and uniform absorption without toxic action, it can be used in quantities and over periods that are necessary to produce the effects desired.

Results are accomplished with Burnham's Soluble Iodine in goitre and other thyroid affections when other measures have failed completely.

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The people of Mill Spring, N. C., have asked me to state in the Journal that they need a physician. For further information write to Mr. H. H. Edwards, Mill Spring, N. C.

Judge a Nation By Its Drinks.

Some one has said that you can judge a nation by the character of the books it reads. As literature influences the intellectual development of the nation so food and drink influence its physical development and thereby promote or retard its civilization.

Every nation, civilized on uncivilized, has its popular beverage which leaves an unmistakable impress upon the character of its people. In this connection the following statistics for the year 1909 have a most interesting and significant bearing. In that year the total population of the world was approximately sixteen hundred millions. The combined population of Great Britain, Germany, and the United States, the three nations that lead the world in literature, theology, science, invention, commerce and industry, in fact, in almost every phase of mental, moral and physical development, was approximately one hundred and ninety-five millions, or slightly less than one-tenth of the total population of the world. In the

same year the world's consumption of caffeine in the form of coffee, tea, cocoa and Coca-Cola was approximately sixty million pounds. Of this Great Britain, Germany and the United States consumed thirty-one million pounds, or a little more than one-half of the total. Less than one-eighth of the world's population therefore consumed more than one-half of the caffeine beverages. Figure it out for yourself and you will find that these three nations, the leaders in the march of civilization, use approximately seven times as much caffeine per unit of population as the other nations of the world.

These statistics clearly indicate the wholesomeness of the caffeine beverages upon which temperate people have relied for centuries for refreshment of mind and body. As compared with other beverages, they possess the special advantage of refreshing the tired nerves and muscles without stimulation and without intoxication.

Coffee, tea and Coca-Cola are identical in effect, though different in flavor. By virtue of their caffeine they relieve fatigue, refreshing both mind and body. Coca-Cola differs from the other two in that it contains less caffeine, is carbonated, is flavored with a combination of fruit extracts and is free from tannic acid. In the latter respect it is superior to tea and coffee, especially when they are over-boiled, for the tannic acid which is thus dissolved is apt to disturb the process of digestion.

Desiring that the public shall fully understand the composition and character of its product. The Coca-Cola Company has issued a booklet containing the scientific opinions of the world's leading authorities, explaining the wholesomeness and refreshing qualities of this popular temperance drink. A copy may be had by addressing, Messrs. Jacobs & Company, Clinton, S. C.

SEVERE BURNS:- In severe burns where medical attention is necessary, the physician will find that CAMPHO-PHENIQUE fully meets the requirements. Its anaesthetic properties relieve the pain almost instantly. Healing is quick and sure in all cases. To get the best results, use CAMPHO-PHENIQUE one part and olive or sweet oil three parts, applying same to the wound as often as necessary with absorbent cotton and the usual bandages.

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Physicians who treat syphilis should have no hesitancy in using "Venarsen." In the thousands of cases treated, there has never been a fatality reported. It is easy to administer, does not require a large gravity tank but just an ordinary all glass syringe, always ready for use, and can be administered anywhere and at any time, and is an American product.

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Campho-Phenique Ointment "Formerly" Scrofonal.

Campho-Phenique Ointment is essentially an oleated Camphor Phenate, which has been so combined with a proper excipient as to form a pleasant and homogeneous ointment. It is indicated in such skin diseases as Acne, Acne Rosacea, Eczema, and various forms of Lichen, Scborrhea and Psoriasis, and especially those which are inflammatory in nature and origin. A large clinical experience of various physicians has thoroughly demonstrated this fact. It has been used with excellent results in Parasitic Ec-

zema, Sycosis, or Barber's Itch, and Scrofula. If persistently used, it is bound to effect a permanent cure in all cases where an ointment of this nature is indicated.

Glyco-Thymoline For Colon Flushing.

Inactivity of the colon with its retention of fecal matter and consequent distention and interference with the work of the rectum is a prime factor in the causation of hemorrhoids, constipation and in the event of septic matter in the feces, auto-infection.

The rapid elimination of all septic matter, and the promotion of an aseptic condition of the intestinal canal is within the province of Glyco-Thymoline. One pint of a ten per cent. solution at a temperature of 100 degrees introduced well into the colon will produce a quick evacuation without pain or discomfort. This followed by three or four ounces of a twenty-five per cent. solution at the same temperature, retained, will speedily restore to normal conditions by inducing exosmosis, relieving pain by its anesthetic property and promoting a general aseptic condition by its power of cleansing.

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An Alternative Combination of Iodine that Eliminates Mercury and Arsenic from the System and is Free of the Disagreeable Effects of the Alkaline Iodides.

CERTAIN PRINCIPLES should govern the pharmaceutical chemist in the preparation of special or true formula, the fundamental principles governing therapeutics being the property of the medical profession.

Perturbations of the glandular structures, defective elimination, imperfect oxidation, excessive supply of certain elements of food, impaired digestion and malassimilation, are the most potent factors of gout and rheumatism. Vital depression with defective oxidation is often produced by disturbances of the excretory areas of the body, such as the skin, kidney and bowels.

Under these circumstances the blood becomes laden with ingredients which, being imperfectly oxidized, accumulate in the various organs and tissues of the body, and there set up organic and functional disease. We also recognize that heredity and individual peculiarity of organization, associated with such exciting causes as mentioned and exposure to cold and wet, produce perversions of the blood. It is conceded that, as a result of disturbances of tissue metabolism, there occurs an accumulation of an excess of uric acid in the blood, which crystalize and accumulate in the tissues and organs, producing the conditions of blood which underlies gout known under the generic term of lithemia or uricemia.

ad-8-15

Campho-Phenique Powder—The Ideal Antiseptic Dry Dressing—Non-Irritant, Non-Poisonous and Locally Anaesthetic. One of the Most Efficient Substitutes for Iodoform.

Campho-Phenique Powder is an almost perfect germicide. It prevents in nearly every instance the possibility of the formation of the toxic products of germ life, and absorbs any excess of secretion, thus meeting the indications of an ideal antiseptic dry dressing. It is adapted for use in all cases in which iodoform and other dry dressings are indicated, and generally gives superior results. It is pre-eminently antiseptic in character, efficient as a germicide, and finally, its anaesthetic effect greatly enhances its value as a dressing.

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Cod Liver Oil For Children.

There are few remedial agents which operate with such marked beneficial effects as cod liver oil in the debilitated states of children, but so far as the crude oil, is concerned its unpalatable nature makes it quite impossible of continued use in these little patients. For this reason a cod liver oil product that is not only palatable but which may be continued for a considerable length of time becomes all the more desirable. Such an agent is to be found in Cord. Ext. 01. Morrhuæ Comp. (Hagee), in which are combined the active therapeutic principles of the oil without its obnoxious properties.

ad 7-15

OLO is a petroleum product in the highest degree of refinement ever attained. Absolutely tasteless, colorless, and odorless as distilled water. This has only been made possible by recently improved methods of re-refinement, used exclusively in this preparation. That it may have a little characteristic taste, a slight flavor of cinnamon is added. It is not absorbed in the stomach or intestines, every drop passing from the bowels just as it was swallowed. It cannot be decomposed or changed by anything with which it may come in contact in the stomach or bowels. It simply lubricates and soothes, by the latter healing irritated mucous surfaces. It also inhibits fermentation and putrescence by smearing

the individual bacteria and so preventing their ability to take in air or nourishment—their life necessities. Possessing these qualities, the great medicinal value of OLO is at once indicated. There is probably no condition and no dose in which it can cause ill effect. As a lubricant, it renders the stomach and intestinal contents slippery, and so prevents too long retention of stomach contents before passing into the bowel. With the bowel contents intimately intermingled with a little of this oil, a reduced power of peristalsis (forward wave motion of the bowel) will be made sufficient to carry the contents onward through the bowel with comfort, ease, and proper speed, thus overcoming constipation in the most ideal way. By this means all strong and irritating cathartics can be avoided, and the normal power of the bowel gradually regained. By its emollient and bacteria-destroying properties, all irritations and inflammations within the intestinal canal may be treated most agreeably and successfully. It is the most ideal remedy for correcting the constipation of infants of any age—from one day on. When salol is dissolved in OLO (by gentle heat) and administered, and the oil reclaimed after passing through the bowel, it will be found to contain the separated constituents of salol—phenol and salicylic acid—and some salol. Thus these effective antiseptics may be presented to the entire intestinal tract, including the rectum. Intestinal ulcera-

tion in any part from typhoid or other cause may be thus reached and successfully treated. Although seemingly incongruous, OLO is most effective in curing both constipation and diarrhoea by reason of its peculiar properties as here stated.

The usual dose is from half a teaspoonful for young infants, to one or two tablespoonfuls for adults, from one to several times a day, as may be found required for relief of condition treated. It may be given alone or with a little water, coffee, grape-juice, wine or other palatable associate, according to fancy. ad-9-15

There are a few specific medicines. Thyroids is one of them. To get Thyroid effects, however, reliable Thyroids should be employed. The physicians should insure his patient and himself by demanding Armour's when prescribing Thyroids. Armour's Thyroid products are made from selected fresh material. The glands are carefully dried at a low temperature. The powder is analyzed and made to run uniformly 0.2 per cent of iodine in thyroid combination. Physicians interested in the standardization of thyroids should write to Armour and Company for reprint of Articles by Seidell of the Hygienic Laboratory and Fenger of the Armour Laboratory, who worked in conjunction. Armour and Company supply Thyroids in powder, 2-grain, 1-grain $\frac{1}{4}$ -grain Tablets. ad-9-15

An Ally Worthy of Confidence.

It is going on toward 20 years since Gray's Glycerine Tonic Comp. was first placed at the service of the medical profession. During all this period Gray's Glycerine Tonic Comp. has maintained the standards that first attracted attention and the busy practitioner has ever found it an ally worthy of confidence. It never disappoints and in the treatment of atonic conditions, particularly of the gastro-intestinal tract, it is often the one remedy that will produce tangible and satisfactory results. The physician who does not use it in his practice is denying his patient many benefits that can be obtained in no other way. ad-8-15

Bromidia and the Harrison Act.

In as much as Bromidia (Battle) has no opiate content whatever, it is not necessary to make use of the conditions of the Harrison act in prescribing it. In using Bromidia (Battle) the physician can order it just as he always has done. In this connection, we may add that by

means of Bromidia (Battle) the physician is enabled to secure a well balanced and carefully compounded bromide preparation, possessing marked advantages over one extemporaneously prepared. ad-8-15

MINOR SURGERY:- In Minor Surgery the application of CAMPHOPHENIQUE insures antiseptics and promotes healthy granulation. It is an ideal preparation for use in emergency cases, and in the treatment of cuts, boils, carbuncles, burns, bruises, sprains and gunshot wounds. In these latter cases it reduces the danger of tetanus. In fact, wherever there is liability of blood infection from any cause, CAMPHOPHENIQUE is the preparation indicated.

That Tired Feeling.

The reason many persons complain of that "tired" feeling is to be found in a deficiency of blood elements. With the blood stream thin the tissues do not receive a normal supply of nourishment and muscular energy is quickly dissipated—wherefore the tired condition. It is in just such a state that the nourishing properties of Cord. Ext. 01. Morrhuæ Comp. (Hagee) exert their maximum effects. It furnishes nutriment to the tissues, and that is the prime need in honestly tired people. ad-8-15

Send for the Soap.

Physicians who receive that interesting little journal Therapeutic Notes, published bi-monthly by Parke, Davis & Co., will find in the current issue a post-card authorizing the recipient to send for a free cake of Germicidal Soap, P. D. & Co. The writer of this paragraph hopes there will be a general acceptance of the invitation. Take advantage of the offer—send in the card—for Germicidal Soap, P. D. & Co., is no ordinary soap, no ordinary germicide.

Germicidal Soap, P. D. & Co., the body of which is prepared from pure vegetable oils, is at least five times stronger than bichloride of mercury in germicidal power. On test a one-per cent. solution (1-5000 mercuric iodide has been found to destroy pus-producing micro-organisms in less than five minutes whereas a solution of mercuric chloride of the same strength required from fifteen to sixty minutes to accomplish the same result.

When neutral soaps are dissolved in water they are gradually decomposed, liberating free alkali. In the case of Germicidal Soap, P. D. & Co., the free

alkali, in proper amount, increases the germ-killing power of the mercuric salt very greatly, because it prevents coagulation of albumen, and allows intimate contact of the germicide with the infected tissues. This soap does not attack steel or nicked instruments or utensils, as many antiseptics do.

Germicidal Soap, P. D. & Co., is useful for sterilizing hands, instruments, and site of operation; also for lubricating sounds, specula, etc. It serves well as a disinfectant wash after attendance upon communicable diseases, also in certain surface lesions attended with fetid discharge and skin infection of parasitic origin.

Many physicians direct the use of Germicidal Soap, P. D. & Co., for cleaning minor wounds, as a deodorant in hyperidrosis with offensive odor, for cleansing the scalp and checking dandruff, for treating pustular acne and furuncles, for the preparation of vaginal douches, and for ridding household pets of fleas and lice.

Chronic Catarrhal Diseases.

Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable but for permanent results efforts must be directed toward promoting general functional activity throughout the body, and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying results that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastro-intestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected since they are brought about through restoring the physiologic balance of the whole organism.

ad-8-15

The Guilford Hotel, Greensboro, N. C., offers its hospitable entertainment to the visitors to the State Medical Society meeting in June. It is a well appointed hotel with comfortable apartments, a liberal cuisine including at all times the very best the market affords and under experienced management its genial proprietors do not hesitate to assert their ability and disposition to satisfy the most exacting of the profession who grace the Greensboro meeting with their presence.

ad-6-15

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BURNHAM'S SOLUBLE IODINE

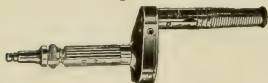
Unlike the potassium or other salts of iodine, this preparation has no harmful action on the kidneys. On the contrary, elimination of toxic products from the kidneys—as well as from the skin—is promoted without the slightest irritation or injury.

Dosage of Soluble Iodine should be "pushed to effect"; if this is done and coincidentally the bowels slightly stimulated, the practitioner will be highly gratified to note how rapidly and effectively he can overcome even the most severe cases of auto-intoxication.

For valuable clinical information on dosage of iodine, address

BURNHAM SOLUBLE IODINE CO.
AUBURNDALE, MASS. and MONTREAL, P. Q.

Victor Improved Bone Surgery Handpiece.



(Attachable To Any Victor Surgery Engine).

The tremendous strides which have been made by eminent surgeons throughout the world in surgery of the bone, particularly in resection and transplantation, and the consequent demand for better and more practical instruments, are responsible to a great extent for the introduction of this improved type of handpiece.

The Victor Improved Bone Surgery Handpiece will find special favor in the operation of the various types of circular bone saws, the principal points of advantage being:

1st. The cutting torque or power of the saw, burr, drill, or trephine, when this improved handpiece is used with the Victor engine, is increased four times, or in other words, the torque of the improved handpiece is four times greater than that of the older type of Victor Handpiece.

2nd. The motor and flexible cable when the improved handpiece is used, may be run at a much higher speed than formerly, this factor eliminating the "back lash" of cable, while on the other hand the actual speed of the cutting instrument itself has been reduced in inverse proportion to the increased torque—all of this is done in the handpiece—with the result that all danger of burning the bone is eliminated—no water or any other cooling medium being required.

3rd. "Buckling" of the cable is almost next to impossible, regardless of the diameter of the saws used or manual pressure applied by the surgeon.

4th. The use of this improved handpiece permits of the most aseptic surgery, it being quickly and easily detached from the cable for sterilization.

5th. No special care is necessary in sterilizing this handpiece. Handle it in the same manner as you would any other surgical instrument.

6th. The design is unique on account of the off-set, the advantage of this feature being that the "cable" part of the apparatus clears the retractors, etc., in working about the fleshy parts of the body.

Further particulars may be had by

addressing Victor Electric Company, Jackson Boulevard & Robey Streets Chicago.

ad 7-15

Auto-Intoxication.

Sir Andrew Clark called attention to and laid great stress upon auto-intoxication, as an important, but frequently unsuspected cause of disease. At the present time the important role it plays is more generally recognized. Successful treatment involves not merely a single flushing of the alimentary tract, but an elimination of toxins already absorbed. Goutiness, also the common hepatic and biliary disorders, are in most cases merely the cumulative effects of intestinal auto-intoxication.

Pluto Water, well diluted in hot water acts almost as a true specific in such conditions. It is also admirable in the treatment of uric acid diathesis, and other therapeutically troublesome stages of chronic rheumatism. Samples, clinical data analysis and literature descriptive of the hygienic methods employed in bottling Pluto will be promptly forwarded on application to The French Lick Springs Hotel Company, French Lick, Indiana.

ad 7-15

The Recovery From Typhoid.

In spite of the improvements in general sanitation, typhoid fever still continues to exist, and is especially prevalent during the fall and early winter months. It is more than probable that most cases occurring in the larger cities are the results of infections contracted at the summer vacation resorts, where the water and food supplies are not as carefully safe-guarded as in urban communities. Although many forms of treatment, designed to abort or cut short the disease, have been advocated from time to time, it is indeed doubtful whether such regulation of the infection has ever been accomplished. As the average course of Typhoid is from four to six weeks, it is scarcely to be wondered at that the patient usually emerges from the attack in a generally devitalized condition. This is accounted for not only by the general toxemia incident to the bacillary infection, but also because the practically exclusive milk diet generally adopted deprives the patient of the natural food iron which ordinarily maintains the ferric sufficiency of the blood. Some degree of anemia is therefore almost always in evidence when convalescence is first established. The quickest and safest

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One of the most efficient, most
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way to overcome this blood deficiency and to hasten revitalization and a return to the normal, is to give Pepto-Mangan (Gude) regularly and in full dosage. This thoroughly agreeable and acceptable hematic tonic is particularly serviceable in typhoid convalescence, because it does not irritate or disturb the digestion, nor induce constipation. ad 7-15

Appendicitis and Major Surgery:—The most important use to which CAMPHO-PHENIQUE can be put is in connection with surgical operations of all kinds. Its powerful antiseptic and germicidal properties give it especial value in such cases. The more delicate the operation, the more necessary it is to employ an absolutely pure and efficacious antiseptic to insure a proper healing process after the operation is completed. This is the chief reason why CAMPHO-PHENIQUE will always be found at the hand of skilled surgeons in many of the hospitals in this country, and also in all their operations in private practice. It is dependable in any and all cases, from amputations and appendicitis to the superficial operations in minor surgery.

Chronic Catarrhal Diseases.

Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable but for permanent results efforts must be directed toward promoting general functional activity throughout the body, and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying result that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastrointestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected since they are brought about through restoring the physiologic balance of the whole organism.

Alcresta Ipecac in Amebic Dysentery and Pyorrhea.

For many years ipecac has been held by most practitioners to be the remedy par excellence in amebic dysentery. It has repeatedly fallen into disrepute due solely to its intensely nauseating properties. Many expedients to surmount the obstacles in giving the drug have been

tried; however, it was not until Alcresta Ipecac, Lilly, was discovered that a combination of the alkaloids of ipecac for oral administration was possible.

Alcresta, a form of hydrated aluminum silicate which is insoluble, when added to a neutral or faintly acid solution of alkaloidal salts will immediately absorb the latter and carry them down with the precipitate. The alkaloids can then be released only in the presence of alkalies. This precipitate is Alcresta Ipecac which is supplied in tablet form, each tablet containing the active principles of 10 grains of Ipecac, U. S. P. These tablets pass through the mouth and stomach without liberating the alkaloids, but as soon as the alkaline secretions of the intestines come in contact with Alcresta Ipecac, the alkaloids are liberated.

The well-known researches of Vedder and Rogers have proven the specificity of ipecac in amebiasis; and Alcresta Ipecac, Lilly, overcomes the difficulty surrounding the oral administration of the drug in this disease.

Bass and Johns of New Orleans were the first to advocate Alcresta Ipecac in the treatment of Pyorrhea Alveolaris, shortly after the announcement of Barrett and Smith that a protozoan—*Endamebas Buccalis*, and perhaps other species of endamebae, was the causative agent in this extremely prevalent malady.

Thus Alcresta Ipecac has come into widespread use by both physicians and dentists everywhere and since it has been clearly demonstrated that pyorrhea is frequently the underlying cause of many other systemic disorders and that, according to good authority, fully 95 per cent. of the adults over thirty years of age have pyorrhea, it will readily be seen that the possibilities of this new compound are very great. ad-7-15

Treatment of Persistent Inaccessible Hemorrhage.

Every physician feels the need occasionally of a reliable agent in persistent hemorrhage that is inaccessible to the ordinary modes of treatment. Coagulose meets that want—meets it better, it is believed, than any agent hitherto employed for the control of hemorrhage due to defective coagulation of the blood. Coagulose is prepared in the biological laboratories of Parke, Davis & Co., from normal horse serum. It is administered hypodermatically (subcutaneously).

The directions for preparing Coagulose for use are as follows: Add to the powder in the bulb 6 to 8 Cc. of sterile

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inflammation and conserves the little
one's comfort.

Used for flushing the colon, it
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ing autointoxication and reducing the
temperature.

Glyco-Thymoline used internally
corrects hyperacidity and prevents
fermentation.

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Benzo-Salicyl. Sod. 33-33; Eucalyptol
.33; Thymol. 17; Salicylate Methyl. from
Betula Lenta .16; Menthol .08 Pini Pumil-
lionis .16; Glycerine and solvents q. s. 480.

water, the temperature of which should not be above 98 degrees F. Introduce the water into the bulb through the needle of a 5-Cc. syringe. The rubber stopper should then be replaced and the bulb immediately shaken, continuing the agitation three or four minutes or until the powder is completely dissolved.

To fill the syringe, invert the bulb and remove the rubber stopper from its mouth. Insert the needle of the syringe into the solution in the inverted bulb and draw the fluid into the syringe.

By inverting the bulb before inserting the needle, one avoids the likelihood of drawing the foam or bubbles (caused by agitating the liquid in the bulb) into the syringe, as the foam will rise to the top of the solution, leaving the field for the insertion of the needle perfectly clear.

ad-7-15

The Selection of an Alternative.

The value of the class of remedies usually described as alternatives, is unquestioned, and the main point involved is the selection of one. The facts to be taken under consideration in disposing of this point are degree of therapeutic effectiveness and palatability. The qualities of the ideal alternative are combined in IODIA (Battle) in large measure, for which reason it has acquired a favorable reputation in late syphilis, rheumatism and other states indicating the use of alternative drugs.

ad-7-15

Vaso-Motor Derangements.

The part played by the vaso-motor system in countless diseases is at last thoroughly recognized. As a consequence, circulatory disorders are among the most common functioned ailments that the modern physician is called upon to correct. Various heart tonics and stimulants are usually employed, but the effect of these is rarely more than temporary. To re-establish a circulatory relief from the distressing symptoms that call most insistently for treatment requires a systematic building up of the whole body. Experience has shown that no remedy at the command of the profession is more serviceable in this direction than Gray's Glycerine Tonic Comp.

For nearly 20 years this standard tonic has filled an important place in the armamentarium of the country's leading physicians. Its therapeutic efficiency in restoring systemic vitality and thus overcoming functional disorders of the vaso-motor or circulatory system is not the least of the qualities that account for its

widespread use. The results, however, that can be accomplished in many cases of cardiac weakness have led many physicians to employ it almost as a routine remedy at the first sign of an embarrassed or flagging circulation.

ad-7-15

The Arrest of Tuberculosis.

Great interest has been aroused recently among medical men by the reports of the splendid results being obtained in the treatment of tuberculosis, even in the later stages, by so-called "intensive use of iodine." Thus far the great bulk of this work has been done abroad, but for some time in this country quite a good many practitioners have also been applying this line of treatment with results no less striking and positive.

As a matter of fact, much impetus has been given to the proposition in the United States by the availability of Burnham's Soluble Iodine, an iodine preparation that is especially adapted to meet the requirements of the "intensive method." These requirements are essentially (1) the use of large doses, (2) for long periods and (3) without toxic or harmful effect. Many and various were the iodine salts and products tested, but all proved disappointing in one way or another with the exception of Burnham's Soluble Iodine. Careful conservative trials showed that this preparation was indeed soluble, that it was free from the irritating action of other iodine products, and could be given in exceptionally large doses without disturbing the digestion or producing toxic effect. It was evident, therefore, that Burnham's Soluble Iodine, by virtue of its rapid and uniform absorption and that freedom from toxicity, could be administered in a dosage never before possible with the ordinary iodine compounds. As a consequence, the clinician has been able to use this preparation in tuberculosis in quantities that assured the full physiologic effects of iodine with a pronounced counteraction of the toxins, an activation of the nutritional processes, an increase in the elimination of waste products, and a marked stimulation of phagocytosis. Boudreau claims that the intensive iodine treatment has a profound stimulating influence on all of the internal secretions, a result that is in effect an indirect, or auto organotherapy. The action of Burnham's Soluble Iodine on all glandular functions and the marked impetus given to bodily metabolism would seem to substantiate this conclusion.

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Correspondence and referred cases solicited.

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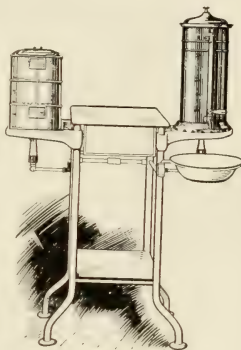
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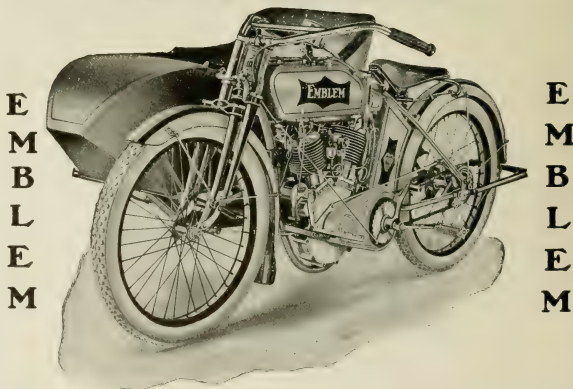
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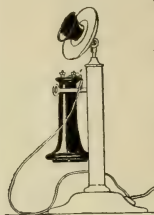
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J. F. HIGHSMITH, M. D., FAYETTEVILLE, N. C.

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JACOB FRANKLIN HIGHSMITH, M. D., F. A. C. S.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Dr. Jacob Franklin Highsmith was born in the county of Sampson, North Carolina, September, 1868, his father being John J. Highsmith and his mother Mary Ann Highsmith.

The early life of Jacob F. Highsmith, a lad of strong vigorous physique, was passed in the country, where his parents daily impressed upon him the virtue and necessity of industry and he was not exempt from the manual labor of the farm.

Given the average opportunities and advantages of instruction in the private schools of the country, young Highsmith's mind early turned to the profession for which he afterwards equipped himself. In truth, almost from his childhood he instinctively turned from the theoretical view of education. He wanted to learn because in learning he could do something accomplish something. He himself believes that the resolution to become a physician was implanted in his mind on the day, when crossing a field, he found a sheep which had been accidentally staked and disembowelled. His heart was touched and his mettle stirred to give relief. With a needle and thread he sewed up the wound and saved the sheep's life. With pardonable triumph in his first piece of surgery, he said to himself, "If there be skill in this hand and sense in this head to save this poor beast, what may I not do for humanity with hands trained and brain taught?"

His academic training completed at Old Salem and Glenwood academies in Sampson and Johnston Counties, he went forward with a fixed purpose in life, took the medical course at Wake Forest, and was duly graduated from Jefferson Medical College in 1889, being then only twenty-one years of age. He has since taken full post graduate courses in all the branches of surgery and in 1906 he took post-graduate work in Europe.

In 1889, young Highsmith, just from school, married Miss Mamie L. White, a charming and cultured lady of his own community. This happy union has been blessed with eight bright children who reflect their parentage in mentality and physical soundness. Dr. Highsmith has

a thoroughly modern home on one of Fayetteville's most prominent streets, and also a large summer home at Ridgecrest, on the top of the Blue Ridge Mountains.

He settled in Fayetteville in the fall of 1889, quite a young man to carve out a career in a new field and with difficulties confronting him at every step, but difficulties are a tonic to men of this stamp. Strong in body and mind he worked hard and his practice grew. In 1899 the Marsh-Highsmith Hospital (the partner being Dr. J. D. Marsh) was built. Dr. Highsmith is now the sole proprietor and general superintendent of the Highsmith Hospital (its present name). The institution, under his direction and supervision, has been greatly beautified and improved. Perhaps Dr. Highsmith has nowhere in his life so strikingly demonstrated his ability both as a surgeon and physician, and at the same time his high administrative capacity, as in the success which he has achieved in this hospital. An all-round physician, Dr. Highsmith is especially skillful in surgery and the diseases of women and the most difficult cases of both have been successfully treated by him.

Dr. Highsmith has had many honors conferred upon him by the medical fraternities. He served as President of his local County Medical Society, and afterwards Counselor of the Fifth District under the reorganization. He has served a number of times in the House of Delegates of the American Medical Association. He was elected President of the North Carolina Medical Society in 1908 and in 1914 was elected a member and President of the Board of Medical Examiners. Recently he was made fellow of the American College of Surgeons.

Dr. Jacob Franklin Highsmith is now in his forty-seventh year, blessed with an excellent constitution, with not only a capacity but a love for work. One may safely say that this strong, earnest man, much as he has already accomplished, is but just on the threshold of the broad arena of his labors for humanity. Undemonstrative, even abrupt in manner, he has warm friends on all sides, for he is himself so faithful in his friendships that he "knits his fellowmen to him with hooks of steel".

Dr. Highsmith's extraordinary energy, the closeness with which he keeps abreast of all the discoveries and achievements in surgery and medicine, and his careful oversight of all the details of his business are noteworthy. His success lies in his absolute devotion to his profession, his iron, unbreakable nerve in difficult operations and critical cases, and his kindly almost womanly sympathy with his patients.

After a hard day's work in study or operating room Dr. Highsmith finds quick relaxation and recuperation in his automobile, which he drives himself, on the sand-clay roads of the Cape Fear country, through the long stretches of pines and the far-reaching fields of cotton and corn. He loves the great out-of-doors.

It takes some study and time to appreciate the many attractive parts of Dr. Highsmith's personality. He is a man of few words but it is easy for any one to recognize that every word that he utters is appropriate and intelligently selected, and his comments on people and things are entirely unprejudiced. It is easy for his associates to recognize where he stands on all subjects. Possibly one of the most valuable traits of Dr. Highsmith's character is that he is not a faddist. His conclusions on all subjects debatable are based upon facts as he sees them. His life has been of great value to the medical profession, not only in North Carolina but throughout this entire Southern section.

SIXTY-SECOND ANNUAL SESSION MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA—PRESIDENT'S ADDRESS.

By L. B. McBrayer, M. D., Sanatorium, N. C.

Mr. Chairman, Members of the Medical Society of the State of North Carolina, Ladies and Gentlemen: I appear before you this morning to return to you the trust reposed in me one year ago.—its honor is unsullied, we have kept the faith. However, we have not accomplished what ought to have been accomplished nor what we wanted to accomplish. For our shortcomings we crave your forgiveness.

It is common to hear the retiring President speak of the appreciation of the honor conferred upon him the highest honor in the gift of this Society—and

emphasize his appreciation, if possible, by calling to witness the high standing, natural and professional ability, and great accomplishments of the men in our profession whom you have honored in like manner. Let me say that none who have occupied this office in years gone by are more appreciative than the speaker.

We should never forget, however, that honors never fail to bring responsibilities, and we cannot, if we would, accept the one without having placed on us the other. We felt one year ago—and we feel it more keenly today—how underserving of this high honor, and how little able we were to shoulder the responsibilities of this office; and but for your confidence and support the honor never would have been given to me; but for your cordial support, cooperation and encouragement, the responsibilities would have been too heavy to bear. And may I crave your continued support, cooperation and encouragement through this session and for all time.

Complete File of Proceedings: Our Secretary, Dr. John A. Ferrell, has been faithful and persistent and has finally secured a complete set of the transactions of this Society from its organization to date and has had them bound. In securing this complete set, our thanks are due Dr. Walter C. Murphy, No. 507 Fourth St. N. W. Washington, D. C., a former member of this Society and a former secretary, but now resident at the above address, who kindly donated to the Society a complete set of the transactions from the origin of the Society in 1849 up to 1890, excepting volumes for the years 1880, 1883, 1885 and 1890. The Society had the volumes from 1891 to 1914 inclusive, excepting the year 1898. We would recommend that this complete set of the transactions of this Society be placed in the State Library at Raleigh and that a pastar should be placed on the fly-leaf of each volume indicating the donor, so that any physician in the state or other persons in the state might have access to them, and perhaps for the more important reason that we would be absolutely certain that they would be kept intact and not be lost in transferring from one secretary to another. In fact, your present officers tacitly agreed to this arrangement before this splendid donation of Dr. Murphy's could be available. We trust the Society at this meeting will take whatever action necessary to carry out this suggestion.

Dr. C. S. Mangum has also procured almost a complete set for the University Library, and two or three physicians in

*Read before the North Carolina Medical Association, Greensboro, N. C., June 15, 1915.

the state have complete sets, which they prize very highly.

Complete List of The Membership of This Society to Date: The Secretary has also compiled a complete list of the membership of this Society to date. Much of this valuable work was done by Dr. J. Howell Way when he magnified the office of Secretary. We would recommend that the incoming Secretary be authorized and instructed to go a step further and secure and keep intact a file of all the legal practitioners in North Carolina and that he furnish a list of the same to the collectors of internal revenue in North Carolina, in order that they might be aided in enforcing the law in regard to the prescribing of narcotics. We would further recommend that the officers of this Society be instructed to cooperate with the collectors of internal revenue in North Carolina in any other way possible in the enforcement of this law. The symposium on narcotics which will be presented at this session should call the attention of the profession, and we trust the people, of the state, to the destruction brought to our people by the use of narcotics, and we would recommend that an additional committee of three or five be appointed to cooperate with our committee on Public Policy and Legislation to bring the matter to the attention of the people of our state, and especially to bring the matter to the attention of the next General Assembly.

State Board of Health: It is a great pleasure to note the efficiency of our State Board of Health and the efficient and constructive health work it is doing. This Society, and the people of the state as well, will no doubt be pleased to know that North Carolina is beginning to be looked up to by the other southern states as a state who leads in public health work. The plans of the State Board of Health are well considered and their policies are constructive, and with Dr. W. S. Rankin as executive officer, these plans and policies are well carried out. I bespeak for the State Board of Health the continued loyal and hearty co-operation of every member of this Society.

Health Officer: The health officer is in greater and greater demand throughout the state of North Carolina, and even now some ten or twelve men are devoting their whole time to this work, at a fairly remunerative salary. The demand for first-class health officers in North Carolina will increase rapidly as the days go by; not only in North Carolina, but in every medium sized town and in a large

percentage of counties in every state in the Union. The health officer, whether city or county, is peculiarly the function of the physician. The sanitary engineer, the public health nurse cannot now nor can they ever take the place of the physician as health officer. However, if the physicians sit idly by and do not meet the demands or do not show sufficient interest to place one of their profession where a health officer is needed, the sanitary engineer is not to be blamed if he places one of his profession in such place. We delight to honor Colonel Goethals in accomplishing the splendid feat of engineering in the construction of the Panama Canal, but it was not an engineer that discovered the method of transmission of yellow fever and of malaria, without which discovery the building of the Panama Canal would have remained impossible. It is the physician who has made the profession of sanitary engineering possible, and more honor is due Colonel Gorgas and the men who discovered the methods of transmission of yellow fever and malaria than is due Colonel Goethals.

The Public Health Nurse is an important factor in the campaign against disease, just as is the sanitary engineer. The physician in reality makes the nurse. He has at all times and does now and will ever make the nurse, of whatever title, possible; and the nurse who assumes that she knows more than the physician in public health work or in any other kind of work in her profession is making an egregious blunder. The physicians must furnish the health officers of this country; they have never failed to measure up to their opportunity or to their responsibility, and they will not fail in this instance. A few of the best schools have put on a course for health officers, at the completion of which they confer the degree of Doctor of Public Health. It is proper to make mention in this connection of the fact that Dr. W. S. Rankin, Secretary of our State Board of Health, has outlined a plan for training health officers which in the opinion of those competent to judge will give a physician far better training than can be given in the schools offering the degree of Doctor of Public Health, this training, of course, presupposing a certain amount of knowledge of public health work to begin with.

The Control of Cancer: The increasing number of deaths from cancer means, more than anything else, that the physicians do not pay that attention to the

early lesions that the importance of these early lesions demands. Our knowledge is not sufficient at this time to enable us to speak of the prevention of cancer, but knowing that in the large per cent of cases if the early lesions were properly treated the death rate from cancer would be reduced 50 per cent. or more, it is proper to speak of the control of cancer. Until our research workers have given us more information in regard to the cause of cancer, the fight resolves itself into obtaining the cooperation of the physicians in treating the early manifestations of cancer and in educating the people to understand what these early manifestations are and what they mean. It is with pleasure that we note in the last few months that Dr. John Wesley Long has been appointed a member of the American Society for the Control of Cancer and that through him a good, large committee of surgeons of this state has been formed into a state committee for the control of cancer. It is hoped that the formation of this committee of surgeons will serve to interest more deeply the surgeons of North Carolina in the prevention of disease. It is apparent, however, that unless this committee correlates itself with the State Board of Health that the publicity work necessary to carry out the procedures mentioned above will not be obtained, as this committee will not be able to afford either the time or the expense necessary.

Tuberculosis: Modesty forbids my saying anything in regard to the fight against tuberculosis that is now joined in North Carolina except to emphasize the fact that in this fight the North Carolina doctor has an important part to play.

He is on the picket line and must scent the approach of this arch enemy of our civilization, of our people, when yet in the distance and sound the alarm.

Unless the doctors in the state, acting in their capacity as pickets, report the location of the enemy, we will enter the fight with a heavy handicap.

Early diagnosis of tuberculosis is of equal importance with the early diagnosis of appendicitis, and there is no excuse for a physician in North Carolina, no matter how poorly prepared, failing to make diagnosis in a case of tuberculosis until all the people of average intelligence in the neighborhood have made the diagnosis from the general symptoms.

There are certain clinical symptoms that can be reported by an average nurse or intelligent person in the family or

community, that point so strongly to tuberculosis that a diagnosis is demanded, at least until it is proven otherwise by an expert diagnostician after careful and pains-taking examination; and the people are becoming more and more familiar with these clinical symptoms, just as they are with the clinical symptoms of appendicitis, and are demanding that the doctors shall at least advance as rapidly as they in the diagnostic knowledge of tuberculosis; and the doctor in North Carolina who does not do this will appear to bad advantage among his clientele.

In this connection let me say that tuberculosis is a contagious disease. It has been placed in this category by more than one State Board of Health and it is a reportable disease under the jurisdiction of every Board of Health deserving the name. It is then just as much the province of the health officer to give expert diagnosis in tuberculosis suspects as it is in suspects of diphtheria, scarlet fever, smallpox or any other contagious disease. To this end the State Board of Health has provided that any health officer may spend a week or a month or as long as he desires at the State Sanatorium, perfecting himself in the diagnosis of tuberculosis, and the hygienic handling of the same without expense to him.

Conservation of Vision: The President took the authority to form a section on the conservation of vision for this session. We feel that this is a very important matter in North Carolina at this time. The State has been providing as best it could for the education of the blind in our State and has done well. The State School for the Blind at Raleigh, under the direction of that able champion of the cause of the blind and splendid Superintendent of the school, Mr. John E. Ray, has been turning the blind paupers of our State into self-supporting citizens. The State School for the Blind, then, is an economic institution of far-reaching importance. However, it would seem that when one-third of the blindness in North Carolina can be prevented by the expenditure of two or three cents per head or less, that we are pursuing a very short-sighted, not to say foolish, policy. It would seem that it would be very much better to build a fence along the edge of the precipice to keep people from falling over, rather than maintain an ambulance in the valley below, and a State school for the blind. The medical profession, as in all other matters medical, must use their in-

fluence and expend their efforts and intelligence to bring about the desired result in this particular instance. I would therefore recommend that this Society form a permanent committee on the conservation of vision. The title would perhaps better be "The Commission of the Medical Society of the State of North Carolina for the Conservation of Vision," this commission to act in conjunction with the State Superintendent of the Blind and his Board in conducting an educational campaign throughout the State for the prevention of blindness and for the enforcement of the wholesome laws passed by our last General Assembly, the Secretary of the State Board of Health to be ex-officio a member of this commission.

Narcotics: The use of narcotics in our State affects so vitally the mental and physical health of our people that I feel compelled to bring again the matter to your attention. In doing so I feel that I cannot do better than to refer you to the comprehensive and pointed statement on this subject contained in the President's address of Dr. J. M. Parrott last year, found on pages 25 and 26 of the proceedings of 1911, and, but for the time required to read it, would embody it as a whole. The records of our insane hospitals show that 50 per cent. of the patients are there on account of the use of narcotics. We are spending nearly three-quarters of a million dollars every year caring for those we have there, to say nothing of the cost of the buildings and grounds, and there are yet a few hundred insane people in the State who cannot be admitted for want of room. When it is positively known that we could save three hundred and fifty thousand dollars annually in the maintenance of our insane hospitals by stopping the use of narcotics—whiskey, opium, cocaine, etc.—it would seem that we would do it as an economic proposition. Until we do this we should at least make preparation and treat these habits before they become insane and save them to their family, their friends and the State, and make of them an economic asset instead of a total loss. Again we are maintaining an ambulance service in the valley below at great cost, rather than spend a few dollars to build a fence along the edge of the precipice to keep our people from falling. Again the doctor in North Carolina plays an important role. The doctors of North Carolina must work out these problems, and they have much to do with the enforcement of the whiskey and nar-

cotic laws.

These things will be fully discussed in the splendid symposium on Narcotics that forms an important part of the program of this meeting, and for that reason I leave the subject without further comment, except to say that whiskey or opium or cocaine is just as harmful when put up in bottles and labeled "PATENT MEDICINES" and sold through advertisements in religious papers as it is when it is labeled Whiskey and sold in a bar-room or labeled Opium, with the skull and cross-bones displayed on the wrapper, and sold through a drug store. And it is high time that the religious, and all other self-respecting newspapers in our State, cut themselves loose from the unholy alliance with the patent medicine frauds, by which alliance they are aiding and abetting in the sale of liquor, opium, cocaine, etc., to the people of our State, (it is worthy of mention that the denominational paper of the Methodist Church in this State has already severed this alliance) or else they should come out boldly and say that they are opposed to the prohibition law; that they are opposed to restricting the sale of narcotics, and that they are in favor of perpetuating a practice that is destroying increasingly large numbers of our people—mind, body and soul.

The Last General Assembly and Its Attitude Towards Matters Medical: It was a great pleasure to note the influence of the medical profession in North Carolina as shown in the last General Assembly. The improvement, or the increase of the stringency of the prohibition laws of the State would never have been considered for a moment had it not been for the action taken by this Society at the session in Raleigh, June 1914, in regard to the prescribing of alcohol as a therapeutic agent, the said action being perhaps largely a result of the splendid deliverance of the President, Dr. James M. Parrott, on this subject in his President's address. It was openly stated by the strongest advocates of prohibition measures that they would not vote for any further extension of the prohibition laws as long as whiskey was sold at the drug stores; but as soon as your President and your Committee on Public Policy and Legislation stated the attitude of the State Medical Society these same men were willing to go to any limit in the prohibition of the sale of alcohol in North Carolina. We desire also to express our appreciation of the similar position taken by and the influence of the North Carolina

Pharmaceutical Association in regard to the sale of alcohol by drug stores in North Carolina.

A letter from a gentleman in this State who is a close observer of men and measures stated that our Society had done more toward decreasing the consumption of whiskey in North Carolina than any other organization except the church.

And it is perhaps not improper for me to say at this time that this action by our Society has increased largely the esteem and confidence of our people for the medical profession in our State.

May I state also that the non-medical men in the General Assembly were thoroughly informed in regard to these matters and in regard to public health matters in general. As an evidence of their intelligence in this matter we might call to witness the fact that when the only untoward bill, medical or health, was introduced in the General Assembly providing for opening the sale of opium and its derivatives, the Committee on Health voted unanimously to report the bill unfavorably and it was killed then and there.

Every bill affecting the medical profession, all considered constructive and progressive, was passed without amendment and without opposition. Among these we might mention the divorcing of the meeting of the Board of Medical Examiners from the meeting of this Society and holding the main meeting annually in the city of Raleigh, at such time as the Board of Examiners may decide, and holding a second meeting during the year if desired and abolishing the temporary license. It remains to be seen whether or not this law is wise. It may be that it will place additional burdens on the Board of Examiners, who I am quite sure are sufficiently burdened already, and it certainly takes the Board meeting and the young doctors who are participating away from the influence of this Society just at a time when the young doctors are entering the profession in our State, and when they should be brought under the wholesome influence and made to feel the importance of allying themselves with the organized profession in our State as represented by this Society. Let us hope that this is not the beginning of the time when the Board of Medical Examiners shall be completely cut loose from this Society and become a trophy of ordinary politics.

Another important piece of medical legislation was that allowing medical students who have completed the first two years in medicine, at a medical college

accredited by our Board, to be admitted to examination on the two years work upon the payment of a fee of \$7.50 and to have credit for the marks made at his final examination after receiving his degree. There is no real objection to this law, and it should give encouragement to the two-year medical schools in our State, which schools already enjoy an enviable reputation on account of the splendid work they are doing, but it is not supposed that the framers of this law had this in mind.

Every bill save one for the improvement of public health laws that was presented passed without amendment. We might mention the bill to amend the vital statistics law, the bill to allow counties and towns to provide money to maintain patients at the State Sanatorium, a bill incorporating a training school for nurses at the State Sanatorium, a bill requiring the instillation of a one per cent. solution of silver nitrate into the conjunctival sac of every new-born babe and requiring every midwife or nurse or other person having charge of an infant, noticing any inflammation or reddening of the eyes of said infant, to immediately notify the local health officer or other competent physician of such fact, etc., etc. The only bill that failed was a bill to allow the State Board of Health to inspect convict camps, jails, etc., throughout the State. The appropriations were increased for health work as much as could be expected perhaps, considering the psychological depression on account of the low price of cotton. The following increases were made: To the executive department of the State Board of Health, the Bureau of Vital Statistics, to the State Laboratory of Hygiene establishing an antitoxin farm, and to the Bureau of Tuberculosis and to the State Sanatorium. The laity, as we call the non-medical men, must needs look to the medical profession for guidance along all lines having to do with public health. We have felt for some years that the average medical man did not take that interest in public health matters that he might do and that he might do to his own advancement. It has been frequently remarked in our hearing that the majority of the lay members of the last General Assembly were better informed on these matters than the average physician in the State.

Change Date of Meeting: The date of our meeting so nearly coincides with the meeting of the American Medical Association that it is impossible for many who

would like to attend both meetings. I therefore recommend that the date of our meeting be changed to such time as this Society may decide upon.

Combined Sections: It would seem that the section on Medical Jurisdiction and State Medicine was proper nomenclature in its day and generation, but this title is an obsolete phrase today. We take it that the committee had this in mind when it provided for a section on School Hygiene and Rural Sanitation at the last session. We would recommend that the whole thing be combined and the title of the combined section be styled "Public Health and Public Instruction."

Politics Versus Scientific Papers: I have heard frequent criticisms of our Society covering a period of quite several years to the effect that we were too much given to politics, of the good medical kind, be it observed, however, and to the exclusion of hearing and discussion of scientific papers. Let me offer two observations on this criticism. First, I have never yet seen any organization, political, religious, civic, social, fraternal, college, high school, medical, legal, commercial, industrial, agricultural, or what not, composed of men or of women or of both, that was free from politics, nor do I believe that any such organization has ever or will ever exist, not even in the much-vaunted commission government, which is the newest fad of our democratic form of government. Second, if there are a goodly number of members of this Society who feel that this criticism is just, it is their duty to do two things: First, prepare and bring to this Society a sufficient number of scientific papers to make a program quite to their taste and be present in person and read their papers and give to the other scientific papers scientific discussion; and second, to enter into the politics of this Society and make the said politics conform to their views as to quality, quantity, momentum and all other specifications desired. Accomplishing their purpose in whole or in part, it then becomes their bounden duty, as it has ever been and ever will be, to combine their energy, intellect and enthusiasm with the other members of this Society to make of it what it is sure to be—in fact, now is—one of the strongest and best State Medical Societies extant; one of the most powerful State medical societies known, but one who wields that power only for the good of our noble profession and the good of all our people—the brightest star in the galaxy.

Social Service: There is no phase of

social service with which the doctor is not prominently connected. It was noticeable at the recent session of the Southern Sociological Congress that every subject presented was based upon and solvable by proper health conditions. It is worthy of note that the next session of this Congress will have for its object pointing out the duties of all organized bodies of people, including the church, in this campaign for health. The various organizations for social service are simply the announcement of the fact that a goodly number of our people are answering the question that has been reverberating down the halls of time since the time of Cain and Abel: "Am I my brother's keeper?" They are anxious to answer this question with their time and their money, but it devolves upon our profession, upon you and me, to point the way.

Co-operation: Co-operation, which is a synonym for organization, is the most important factor in our present day civilization. It is the thing that makes possible our postal system and the small amount of postage required to carry our letters anywhere in the world. It is the foundation of the success of the Rockefellers, the Vanderbilts, the Dukes and the Cones. It reaches its highest development in Germany's military organization, making it possible for her to defy the Nations of the world and get away with it. It reaches its lowest development in some of the county medical societies in North Carolina. In many of the counties in North Carolina the doctors make no effort, in fact, not even a pretense, at keeping up a medical organization, which we speak of as a county medical society, only perhaps in name. In these good days of ours all kinds and classes of people have their organizations; the captains of industry and their laborers, the merchant and his clerks, the laundrymen, the farmers, the manufacturers, the contractors, the carpenters, the painters, brick-masons and the hod-carriers, the railroad magnates, their conductors, engineers, firemen, flagmen, section foremen and laborers, and on and on through every activity of life from the top to the bottom. These people profit by their organizations; then why should not we? But the time is long since when argument were needed to show the importance, the need, the value of the county medical society in North Carolina. If it were, I would refer you to that comprehensive, logical, learned, ornate, eloquent discussion of this subject by Dr. E. C. Register in his President's address be-

fore the Tri-State Medical Association this year, and to the address of my immediate predecessor, Dr. J. M. Parrott, than which there is none more able and none more constructive. But the deplorable fact remains that a large percentage of the counties of this State have a medical society in name only and not in fact. There are notable exceptions, however. Perhaps there is no better medical society in this or any other State than the Buncombe County Medical Society. It excels in everything that a county medical society should be in North Carolina. Mecklenburg County Medical Society is doing splendid work. In addition to their regular society work they arranged a meeting this year at which Dr. Lewellyn F. Barker of Baltimore was their guest, and, true to the Mecklenburg spirit, they allowed any physician who would, in this and adjoining States, to share their pleasure with them. This society too is magnifying the district meetings by arranging once a year a clinical session for their district medical society. As an example of what a small county medical society can do, I would present to you the work now being done by the Henderson-Polk Society. At this time they are meeting weekly, perhaps the only county medical society in the State that is holding weekly meetings. The Buncombe County Medical Society, when your President had the honor to serve as its president, changed from monthly to weekly meetings, which was later changed to semi-monthly meetings and which so continues. And the Henderson-Polk Society at these weekly meetings has for the principal feature "A Case Study." The complete history of four cases is sent to them each week by Dr. Cabot of Boston. They take up the family history, personal history, physical examination, symptoms, laboratory findings, in order. From these each member makes a diagnosis, which latter is compared with the diagnosis of the hospitals of Dr. Cabot, and lastly with the post-mortem findings. A discussion and criticism of the treatment would close the case. There is no county medical society in this State too small to carry out such a splendid scheme of work as this.

Our district medical societies can be made of great value if the membership in each district so wills. I have already referred to the splendid clinical meetings of the seventh district at Charlotte. As an example of what a district medical society ought to be, the Fourth District Medical Society is a conspicuous exam-

ple. You all know the executive ability and leadership of the one man who more than any other has made this splendid district medical society possible. The Fifth District is well organized, has two interesting meetings each year, one of these being held at the Sanatorium as guests of the institution, where a clinic in some special feature of tuberculosis work is given. At its winter meeting this year this society had as its guest Dr. W. L. Rodman, President of the American Medical Association. What these societies are doing others can do. Some of the other societies are doing good work; others are doing little, and a few making no attempt to hold meetings.

The greatest opportunity the medical profession of North Carolina has ever had is now within its grasp. With the splendid foundations, deep and wide and lasting, for public health work, laid by the lamented Wood and O'Hagan, broadened and deepened and strengthened by our own Thomas and Lewis and now buildied upon yet by Lewis and by Way and Laughinghouse, Wood the younger and others; with Rankin for the architect and contractor, who shall say that North Carolina shall not sit at the head of the table in her public health work—that she will not soon be the van guard in the fight against unnecessary disease and needless death; in fact, she now is.

With this splendid beginning—for it is only a beginning—fostered by the intelligent, conscientious statesmen who form our general assemblies, and given the whole-hearted support of this Medical Society individually and collectively, and the co-operation of the people of our State, the kernel, the acorn planted years ago will rear its stately head high toward the heavens, a majestic oak, and its strong branches will extend from east to west and from north to south and give shelter and protection from communicable diseases to every citizen, every man, woman and child who has the honor to live within the borders of our grand old State, and likewise to the stranger that is within our gates.

The killing of 1,500 people in North Carolina every year by typhoid fever or in three months by tuberculosis is not so spectacular as the sinking of the Titanic by an iceberg or the Lusitania by a German submarine, but they are just as dead when they die in North Carolina from preventable disease as are those who went down to a watery grave in mid-ocean on these ill-fated vessels, e'en though death comes like a thief in the

night, without beating of drums or waving of flags.

Saving a human life by the prevention of disease is not so spectacular as opening the abdomen and relieving a volvulus or removing a gangrenous appendix or doing a cesarean section, but the life saved is just as precious. And the opportunity for saving human lives by the prevention of disease is many thousand times greater than by the surgeon's knife.

What is a miracle? In ancient times, in the times of the Bible, it was healing the leper, making the lame to walk, restoring sight to the blind, raising the dead. In modern times, in the times of Jenner and Koch and Behring and Flexner and Lazear and Gorgas and Rankin and the others, it is curing and preventing tuberculosis, including tuberculous disease of the bones and joints, which is the leprosy of our day; it is curing and preventing poliomyelitis and cerebrospinal meningitis; it is preventing blindness in infants caused by the gonococcus; it is preventing the death of thousands of helpless, innocent children from diphtheria; it is the prevention of thousands of deaths from typhoid; it is the prevention of hundreds of thousands of deaths from tuberculosis.

It is said that in the career of John Kepler, the great astronomer, when he discovered the laws of planetary motion, he was found in his study, exulting in his triumph, and with tears of joy streaming down his face, he was heard to exclaim: "I think Thy thoughts after Thee, O God!" And when I think of these modern miracles that we are able to perform, I feel like paraphrasing the immortal words of John Kepler and crying: "I do Thy works after Thee, O God!"

THE GASTRIC PENALTY OF SUCCESS.

By M. O. Burke, M. D., Richmond, Va.

So long as man confined himself to tilling the soil there was no competition.

As the population increased there naturally arose a demand for artisans of various kinds, the necessities became more numerous and the desires multiplied; thus arose a spirit of rivalry and competition.

Man soon learned that one brain could plan more work than many bodies could execute; so brain work became more valuable than manual labor.

*Read before the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

The brain is fed by the circulation, the circulation receives its nutriment from the digestive system, the digestive system is supplied from various sources all of which can be traced to the original source, the soil.

After all no matter what may be our vocation or occupation we or someone else must till the ground for, "By the sweat of thy face shalt thou eat bread". Every ambitious man creates for himself an imaginary Eden, and expects or hopes to reach it some day.

Fortunately but few reach the outer gates, unfortunately fewer know what to do should they pass through the gates.

In the quest for efficiency, fortune and fame man neglects the two cardinal principles in the enjoyment of his Eden, — the first is health, — the second is a mental condition capable of adapting himself to the new environments.

It is as important to maintain the physical equilibrium in adult life as it is to supply the necessary elements for development in infancy, childhood and youth.

It is impossible to build a stable super structure upon a bad foundation; it is equally irrational to expect any structure to maintain its grace and fulfill its usefulness without repair.

Proper food is essential to the development and support of the physical man. A well nourished, healthy body is a prerequisite to a well balanced brain and a well balanced brain means success.

Many of the suicides, murders, financial and domestic failures can be traced to faulty metabolism and faulty metabolism is most often caused by indigestion.

Man at rest requires about 2,000 calories to keep up the ordinary functions of life and replace broken down tissue.

While at rest the destruction of bone and muscle is comparatively small, consequently he needs but little proteid food; the fat and stored up sugar furnish most of the fuel for this slow fire; consequently his food should be largely fats and carbohydrates but in order to supply the necessary salts, fruits and green vegetables are essential.

When at work he requires 3,000 to 4,000 calories. This can be obtained from one kind of food or a combination of foods, but the food may be too bulky or too concentrated on the other hand it may not be palatable or it may not furnish the essential elements.

Hence it is necessary to select a diet that will generate enough heat to warm the body, enough energy to perform the

work and replace the broken down tissue.

It is a well known fact that work immediately after meals, mental anxiety, sedentary habits, over eating, insufficient food, improper food, too little water, lack of fresh air, alcohol and tobacco affect digestion and metabolism.

When we take more proteid than can be digested decomposition is likely to occur liberating poisons which are absorbed.

If the proteids are digested and taken up by the circulation in excess of the amount required by the tissues the over plus must be gotten rid of, this requires more work on the part of the liver, heart, blood vessels and kidneys and these organs suffer from the irritating effects of the proteid excess.

When carbohydrates and fats remain in the digestive tract they ferment causing flatulence and from the alcoholic and acid formations produce vertigo. When absorbed in excess of the requirements they cause glycosuria or obesity.

Man's business career may be divided into five stages:

1. Preparation or apprenticeship.
2. Establishing a business.
3. Building up a reputation.
4. Keeping up his reputation.
5. Gathering the fruits of his labor.

During the first or preparatory stage the professional man spends three to five years in college. While his work is arduous it is well regulated and he has the intervals between periods to relax.

There he has the monotony broken and is stimulated by the association of his fellow students. He generally lives at a college boarding house which means cheap food and bad cooking. The food usually furnishes the required number of calories and he can select the foods necessary for the physical equilibrium. His great draw back is in over taxing the digestive functions in the form of fried foods, coffee and too much sweets, rapid eating and returning to work immediately after meals. College indigestion is generally hyperchlorhydria, intestinal fermentation and constipation: these, of course, affect the kidneys, liver and heart.

The man serving an apprenticeship in some respects has the advantage over the student. First, he is earning some salary. Second, he is gaining a practical education by constant clinical instruction, both in the business and in human nature. Third, he is combining mental and physical work.

He is too compelled to live cheaply and

often fails to get the proper food both in quantity and quality. He more often has anaemia, sour stomach and constipation.

The second stage, means hard work, constant attention, self sacrifice, patience and economy. During this period man neglects his physical comfort and in most instances pays but little attention to his food.

He eats when he can find time and such food as is most easily obtained. If the quality will keep up the physical fires he is content. It is during this period that he lays the foundation for most any acute or chronic disease that may be passing.

If he is so fortunate as to live through the second period he then begins even a more strenuous life, that of increasing his work, making it better and bigger, of entertaining and being entertained. He realizes that the most effectual advertising is in satisfied customers, that means people who are not only satisfied with the products of his factory, business or profession, but people who are satisfied with the man and his methods behind the work.

The faculty of making friends and acquaintances is of no little importance. The mental strain, the midnight feasts, the frequent julp and the constant cigar or cigarette lose no opportunity to increase their reputation, while his builds up; and they are dangerous competitors. It is during this period that his waist line increases, his neck grows larger, he fastens his shoes with more effort.

He is out of breath when he catches the car, the little ripple begins to show in his temples, the veins are strutted in his hand on hanging down and the cushions are placed under the lower lids.

His sleep is broken and he does not feel refreshed in the morning. There is a sensation of discomfort after eating often amounting to pain, the appetite flags and the weight and strength decrease.

The lips and finger tips at times are purple. The feet become heavy and breathing is hard. The pulse is resistant and the head often swims.

He becomes somewhat alarmed at his condition but starts out on the fourth stage handicapped physically and mentally but he may have builded so well and so wisely that his reputation can be kept up by others while he directs,—but the professional man must struggle on to the end or f.d.l in the fight.

We find but few who live to see the harvest ready to garner, and of this few many will spend much of the fruits of

their labor not in their Eden but in pursuit of physical relief from the effects of neglect during the early stages of their careers.

Occasionally we find a man who by prudence in supplying the physical man with proper food, fresh air, exercise and rest has reached the outer gates. He may be able to lay aside the harness and enjoy the fruits of his labor; but most of them have failed to cultivate a mental capacity for adapting themselves to a life less strenuous and spend their remaining days chasing pleasure from pillow to post as ardently as they have pursued fortune or fame.

So we find the health resorts filled with men who have won at the game of fortune or financial success and are now paying the penalty of neglect and imposition during the earlier years of life.

HIGH BLOOD-PRESSURE.

By J. P. Munroe, M. D., Charlotte, N. C.

"The Tragedies of Life Are Largely arterial."
—Osler.

Among organs, the blood vessels alone enjoy no rest. The heart has rest during diastole, but the arteries, receiving the blood from the heart, pass it on. Partly by the elasticity of their walls, partly by the contraction of their muscle fibers, they send it forward, a stream of perpetual flow in its ceaseless revolutions around the wheel of life.

Any consideration of high blood-pressure necessarily includes a discussion of its relation to the organic diseases of the heart, kidneys, and blood vessels, especially the blood vessels of the brain.

Of course it is not proposed in one short paper to discuss exhaustively all these diseased conditions.

The object rather is to call attention to the fact that high blood-pressure is a danger signal, and as such demands our highest and most careful consideration. It is a signal that if read aright tells the patient he is traveling a road that leads to certain and inevitable disaster. Nay, more; it is often the first warning sign to tell him that he is not only in a danger zone but that he has already been wounded, and that, too, in a vital part. It is then a call for expert aid and advice, to the end that damage already incurred may be accurately determined, and repaired as far as possible; also that measures may be taken to avoid or minimize

further damage.

The importance of these diseased conditions and their disastrous consequences was emphasized two weeks ago in an address by E. E. Rittenhouse, president of Life Extension Institute, before the Academy of Medicine in New York. He stated that four out of every ten deaths are from preventable diseases of the heart, arteries, and kidneys, and that six out of every ten deaths due to these diseases are postponable if the disease is detected and treated in time. He further states that two persons now die from these diseases in this country where one died thirty years ago. This is an alarming increase in death rate, which certainly demands our most careful attention.

As high blood-pressure is an early sign, and often the first one detected in these diseases, it may be well to state what is meant by the term "High Blood-Pressure." Briefly, it is a persistent pressure, reading above normal. The normal reading is about as follows: New-born infant, 35 to 55 mm.; one year, 80 to 85 mm.; twenty years, 120 mm.; for each additional year beyond twenty, add one-half mm. These estimates refer to the systolic pressure.

Pachon says diastolic is more important than systolic pressure, because it represents the constant charge of blood which the arteries have to maintain, and also the initial resistance which the heart encounters at the beginning of each systole.

The difference between systolic and diastolic is called pulse pressure, and this is usually between twenty-five and forty-five mm. In chronic nephritis, pulse pressure is considerably increased. In cardiac diseases, a decided decrease in pulse pressure indicates failing compensation.

Pulse pressure is sometimes called heart load, and is between 40 per cent. and 60 per cent. of diastolic; average, 50 per cent. of diastolic.

Essential Hypertension.

The term hypertension, sometimes designated simple hypertension or essential hypertension, and called by Huchard presclerosis, is a condition of blood pressure depending upon a muscular contraction of the arterial walls and capillaries, whereby they are temporarily narrowed and constricted, as contrasted to high pressure, where there is a permanent pathologic change in some part of the cardiovascular renal system. In

*Read before the recent meeting of the Tri-State Medical Association of the Carolinas and Virginia.

the latter conditions, the high pressure is chiefly a sign or symptom of the organic changes upon which it is dependent, and it may be a beneficial condition, in forcing blood in sufficient quantity to the various tissues and organs.

Dangers of Hypertension.

Hypertension, as defined and recognized as a distinct disease entity, is always harmful, and every effort should be made to control it.

Faught has said, "The blood pressure does not need to be greatly increased in order to injure the heart, and to cause permanent changes in the blood vessels and in the kidneys." The amount of work required of the heart to overcome the resistance of a few mm. Hg. mounts up surprisingly.

Causes of Essential Hypertension.

Hypertension, or permanent increase in blood pressure, in one in early or middle life, in the absence of organic change in the heart, blood vessels, or kidneys, is a sign of a chronic toxemia, or poisoning, due to errors in metabolism, deficient elimination, absorption of intestinal toxins, or the introduction of chemical poisons from without. Excessive strain, both physical and mental, especially worry, are considered causes, but they act chiefly doubtless through the disturbed metabolism accompanying them. Excessive eating, especially of meats and other nitrogenous foods, with deficient exercise, is one of the most common conditions producing the disturbance of metabolism and toxemia referred to.

Arterio-Sclerosis.

Arterio-sclerosis is a thickening of the arterial wall, with a diminution of the size of its lumen. This thickening is first in the intima, and later a fibrous thickening of the adventitia. In advanced cases, lime salts are deposited, and in the large vessels atheromatous spots may appear. The middle coat of muscular fibres are not replaced by fibrous tissue, but may show some thickening, or perhaps degeneration.

The arteries whose hardening are most important from a clinical and pathological viewpoint, are the arteries of the brain, the splanchnic arteries, and the coronary arteries supplying the heart, and the renal arteries.

The arteries of the brain are important, because the strain of high blood pressure with hard and weakened walls, apoplexy is likely to occur.

The splanchnic arteries are important,

because of their large reservoir capacity and the fact that they supply the abdominal viscera.

The coronary arteries, when constricted are important, because they furnish a deficient supply of blood to the walls of the heart, and then the myocardial changes occur which will be referred to again.

The arteries of the kidneys are important, because their hardening produces a form of nephritis.

Causes of Arterio-Sclerosis.

The underlying cause of arterio-sclerosis is some irritant poison—the more common ones being chronic infections (chiefly syphilitic); chemical; alcohol, and perhaps tobacco; auto-intoxication, from the absorption of intestinal toxins; excessive eating, especially of meats; emotional strain; and insufficient exercise, resulting in bad digestion and metabolic disturbances.

Symptoms.

Arterio-sclerosis usually presents a moderately high blood pressure. It is important, especially from a prognostic standpoint, to distinguish true sclerosis from hypertension. True sclerosis usually appears after the middle period of life, whereas simple hypertension is likely to be found earlier, and is almost invariably associated with intestinal toxemia or certain irritating chemical poisons or uremic conditions.

General arterio-sclerosis affects the arteries of the kidneys, and thereby produces eventually a form of nephritis, called arterio-sclerotic kidneys. It is to be noted that this form of Bright's Disease offers a better prognosis than the primary nephritis or contracted kidney.

In making the diagnosis of arterio-sclerosis, one should palpate all of the available arteries, including the radial, temporal, carotid, brachial, femoral, and the abdominal aorta. The comparison of systolic and diastolic pressures is of distinct value as the pulse pressure is greater in this than in any other disease.

Diseases of The Kidneys.

It is of utmost importance to study the conditions of the kidneys carefully in every case of persistent high blood-pressure. Chronic interstitial nephritis always causes high blood-pressure, and three explanations of this phenomenon have been given; (1) that it is due to the physical obstruction encountered by the blood current in circulation through the kidneys; (2) that it is due to the irritant effect of waste material circulating in the blood; (3) that the suprarenal bodies are stimulated to increased activity, and

their excessive secretion thrown out into the blood has its usual effect of increasing blood pressure.

The ordinary chemical examination of the urine for albumen, including the detection of tube casts, is not sufficient to establish the diagnosis of nephritis.

Cabot makes a useful and simple classification of disturbed kidney functions, as follows:

1. Renal irritation, presence of albumin, and casts. These cases are due to temporary causes, have not great elevation in blood pressure, and post-mortems show normal kidneys.

2. Renal insufficiency. Here the kidneys cannot perform fully their normal functions; there is diminution in the quantity of urine; there are probably casts and albumin, dropsy, and uremia. In these cases high blood pressure and cardiac hypertrophy may be present, and still no important structural changes be found in the kidneys.

3. Nephritis, which shows itself in the postmortem condition of the kidney. To diagnose nephritis, one cannot rely entirely on the conditions mentioned in irritation and insufficiency, which are frequently associated, although the association is not invariable. Resort should be had also to other methods of testing kidney function, the phthalein output, the blood urea contents, and total urea output. Among physical and other readily recognized signs, blood pressure is the safest guide. Primary interstitial nephritis presents a higher blood-pressure than is usually found in any other chronic disease, both systolic and diastolic elevation being present.

Apoplexy.

The cerebral lesions causing apoplexy are in the cerebral arteries, and may be described as follows:

1. Rupture of military aneurism is the most common cause of cerebral hemorrhage. These aneurisms are small dilated sacules on the walls of the arteries, appearing as dark bodies on the arteries, about the size of a pinhead. Their formation and rupture are dependent on the fact that the walls are weakened by disease and put to a severe strain by a high arterial pressure.

2. Endarteritis, or diffused degeneration, may occur in the arterial wall, and so weaken it as to cause it to rupture under strain without the previous formation of aneurism.

3. Diapedesis. This occurs in interstitial nephritis and other toxemias, the blood passing through the vessel wall,

without actual rupture. This accounts for many of the transient and recurring forms of paralysis, hemiplegia, and monoplegias.

4. Small areas of softening, due to deficient circulation in diseased or contracted vessels of the brain. This also gives rise to monoplegias, analgesias, and slight hemoplegias.

In a general way, it may be said that diseased cerebral arteries with **high blood-pressure**, tends to cerebral hemorrhage, from rupture of the vessels.

Diseased cerebral arteries, with **low blood-pressure**, tend to softening of the brain.

Heart Disease.

High blood-pressure from any cause will eventually produce changes in the heart muscles—sometimes called chronic myocarditis, but usually myocardial degeneration. It is proper to say that the toxins circulating in the blood, which produce the hypertension, also have a direct irritant effect upon the heart itself.

The forms of degeneration of the heart so caused are atheroma and fatty degeneration. The diseased heart dilates from slight overstrain, which, often repeated, ultimately results in a more or less permanent dilatation. We will then have presented the ordinary symptoms of failing circulation, similar to those found in the failing compensation of valvular disease.

Blood-Pressure in Obstetrical Practice.

The toxemias which lead to eclampsia invariably cause high blood-pressure. It has been stated that this is usually evident before the development of any other sign, or of any noticeable change in the urine.

Some obstetricians (Hirst, Bailey) insist that reading blood-pressure, should be made a part of the periodical examination of every pregnant woman. The blood pressure test furnishes a more accurate guide to the seriousness of nephritis, and to the urgency of inducing labor, than the usual urinalysis. Goodman says that every woman who in the course of pregnancy or after delivery maintains a blood pressure of 150 or above is in danger of eclampsia.

Resume of Clinical Effects of Hypertension.

1. Cardiac hypertrophy, myocardial degeneration with the ultimate development of dilatation, dyspnea, angina pectoris, etc.

2. Pulmonary edema, due to the backing up of blood on the lungs.

3. Retinal hemorrhage, with disturb-

ed vision and weak eyes.

4. Sudden blindness, either partial or total.

5. Apoplexy, preceded by dizziness, headache, and ringing in the ears.

6. Uremia, preceded by severe headache, insomnia, and often excessive flow of urine.

Early Symptoms of Hypertension.

This condition is often discovered by accident, or in routine examinations. In the early stages, symptoms referable to it are rare, or if mentioned are attributed to overwork, mental worry, or neurasthenia.

There may be dizziness, ringing in the ears, gastric distress, constipation, cold hands and feet, headache, and disturbed vision.

Many of my cases come by way of the oculist. A headache that properly adjusted glasses fail to relieve, associated perhaps with dimness of vision, leads the oculist to look further into the case. He often finds a diseased optic disk and high blood-pressure, and refers the case accordingly.

My colleague, Dr. J. P. Matheson, relates an interesting interview of a case he had of this kind.

A patient consulted him for disturbed vision, saying she had tried several oculists, but none of them had been able to fit her properly with glasses. After a careful examination for refractive errors, the doctor found no need for changing her glasses. He did find retinal hemorrhage, and very high blood-pressure of over 200. He then advised her to see an internal medicine man, stating that she needed no change of glasses, but was in very great need of general treatment. The patient laughed, and said, "You doctors are always trying to scare people. I have had this high pressure for some time, and I will be all right if you will just do something for my eyes."

Dr. Matheson almost lost his temper, and told her most emphatically, "You would be just as safe going around here with a stick of dynamite in your pocket, as you are with that blood pressure and giving it no serious attention."

I thank Dr. Matheson for this word; his expression is classical, and deserves the widest proclamation.

Prognosis—Essential Hypertension.

If a case is presented with moderately high pressure, with no marked evidences of organic disease, even though there may be a few tube casts and albumin in the urine, one may confidently expect substantial or total relief.

The time for treatment is four to eight

weeks—average, six.

In dismissing a patient after treatment, he should be instructed to return every few months, even if feeling perfectly well, to have his blood-pressure taken. A failure to obey this injunction has cost many a man his life.

Prognosis—Organic Cases.

If the patient presents a persistent pressure of 200 or more, one recalls Janeway's statement that the patient will probably die within three to four years.

If there is polyuria, nocturnal frequency, marked headache, visual disturbances, and the patient is less than fifty years of age, we would expect the early approach of serious uremia.

If the patient is beyond fifty, and has no marked symptoms pointing to the kidney, as a slight roughening of the second aortic sound, and a perceptible hardening of the arteries, we still keep the kidney in mind, but consider the special danger to be apoplexy.

If the patient presents early signs of dyspnea, either on effort or without it, gastric distress, and perhaps occasional anginoid pains, there is great danger of cardiac failure. With the approach of cardiac failure, although the pressure is high, the systolic and diastolic approach each other, pulse pressure becomes diminished, and the so-called heart load, which should be fifty per cent. of the diastolic, may be reduced to thirty, or even twenty, as in a case of mine recently.

Janeway's statistics indicate that the terminal event in these cases comes in about the following proportions:

Uremic poisoning, forty per cent.

Cardiac failure, forty per cent.

Apoplexy, fourteen per cent.

Other terminations, about six per cent.

Recent events in my home city of Charlotte would perhaps put a larger proportion under the head of apoplexy.

Treatment, or Methods of Controlling Blood-Pressure.

Bearing in mind that distinct diseases of certain organs call for special therapeutic measures, directed to the pathological condition present, we will consider briefly the measure employed for the reduction of blood-pressure.

Medicines are valuable to meet special indications, and for tiding over emergencies, but in a general way are of little importance as compared with the so-called physical measures.

Still it is well to refer briefly to medicines used, and to a certain extent relied upon, for the reduction of blood-pressure.

(1) **Vaso Dilators.**—Amyl nitrite, nitroglycerine, and the nitrites are the chief members of this group. As temporary expedients for the relief of immediate or acute conditions, they are often very valuable. Generally their effect is of short duration. Diuretin is said to have a more lasting effect than any member of this group.

(2) **Miscellaneous Drugs.**—Of this group, *veratrum viride* is one of the safest and most efficient. It is used chiefly in the threatened eclampsia of pregnancy. Aconite is used under similar conditions, but is a more dangerous drug. The iodides are indicated in syphilitic disease of the blood vessels, and are largely used in other cases as a routine measure, without much reason or benefit in my experience. Thyroid extract, calomel, and morphine are sometimes valuable in meeting special indications. Saline purgatives are often used to excess in these cases. The bowels should be kept open—one or more actions a day; but there is no advantage in drastic purgation by salines.

Physical Measures.

Under the head of Physical Measures valuable in controlling and reducing high pressure, we include the following: Rest, Exercise, Massage, Diet, Hydrotherapy, Electrotherapy.

Rest.—It is generally useful to begin every course of treatment by rest, either relative or absolute. If there are signs of heart failure, venous congestion, etc., absolute rest in bed and mental relaxation are necessary. Mental or physic rest is even more important than physical rest in the majority of cases. Many patients who are not sick enough to require rest in bed wish to continue performing ordinary duties, or perhaps attending to business, while undergoing treatment. It is a mistake to permit this, even although the patient may not be confined to the bed or the house.

Exercise.—In cases of patients who have been living sedentary lives, exercise rather than rest is indicated. These cases are often classed as "Too Hypertonic," with tonic contraction of the arteries, and little or no permanent changes. Here complete relief often follows a carefully regulated diet (combined with a very slowly increased amount of daily exercise. It is here that the methods of Schott and Ortel are carried out with great benefit.

Massage.—Massage acts by emptying the veins, and so relieving the left side of the heart. The superficial capillaries are also dilated, and pressure thereby re-

duced. This should not be used in arterio-sclerosis.

Dietetics.—The chief thing to be observed here is to reduce the total amount of food, and to diminish nitrogenous intake and thereby reduce putrefactive changes in the intestines, which cause auto-intoxication. Another indication, in cases with defective heart muscle, is to limit the amount of the fluid intake. My rule is to cut off meat entirely for a few weeks, and limit the patient to vegetable, farinaceous, and milk diet. In some cases, absolute milk diet is useful for a limited period, but should not be kept up too long, on account of the excess of fluid intake. Often several small meals, taken at three-hour intervals, are better than the regular three-meal routine. Alcohol, tea and coffee are usually prohibited entirely, at least for a time. Some physicians make a concession to heavy drinkers, by allowing a few small drinks every day. I frequently allow one cup of coffee per day. Tobacco need not always be entirely prohibited, but should be restricted to very small quantities, and absolutely prohibited in cases of angina. Chewing tobacco is more harmful than smoking, and should not be allowed. Inhalation from pipe or cigar is worse still.

Water.—Water, especially the advertised mineral waters, are supposed to be beneficial, if used in excessive quantities, for nephritis; but it is possible to go too far, indeed, the intake of water should be limited in all cases of nephritis with very high tension, or those with a tendency to edema, or with failing heart. Ordinarily, however, it should never be reduced below 150 cc per day.

Hydrotherapy.—It requires great discrimination and care to select the proper kind of baths for these varying conditions.

Cold Baths.—Careless application of cold baths may do harm in high blood-pressure. The cold sponge-bath, used with considerable rubbing, is perhaps the only form of cold bath permissible in arterio-sclerosis or in myocardial degeneration.

Hot Baths.—The temperature of hot baths should not exceed 37 to 38 centigrade—98.6 to 100.4 Fahrenheit.

Any temperature above or below this is apt to increase arterial pressure, and prove harmful.

Electric Light (Baths) Cabinet.—Electric light baths are very useful in simple hypertension, and constitute also one of our most valuable measures for the hypertension accompanying nephritis. This

form of bath, however, should not be given indiscriminately, even to nephritics, without careful supervision and the regular use of the blood-pressure instrument.

The Nauheim Treatment.—This treatment is especially designed for its effect on the heart muscle, increasing tonus and reducing dilatation. The graduated exercises, properly regulated, give increased strength to the heart muscle. These baths are not indicated in high blood-pressure.

Electrotherapy.—Much has been said and written upon this subject that is of little value; at the same time, practical experience shows that, if used in well selected cases, electricity is a valuable adjunct to our resources for controlling blood-pressure. High frequency may be used with the glass electrodes, increasing blood-pressure by the stimulating effect upon the surface arteries. The most common use of high frequency, however is for reducing high blood-pressure, and this is done by one of two methods: First,

autocondensation; second, diathermy.

The effect of electricity is a complex action of the current upon the tissues.

(1) Upon metabolism, promoting tissue combustion and elimination, as demonstrated by an increase in solids in urine.

(2) Upon the vasodilators, which control peripheral resistance, by which hypertension is relaxed.

In arterio-sclerosis, partly compensated with comparatively low pressure readings, electricity is of no benefit. In widespread arterio-sclerosis, with high pressure, it may fail to affect the reading; in others, of 200 mm. and above, it often causes a reduction to 160 to 165 mm., with corresponding improvement in general comfort.

In nephritis, it is generally of great benefit in reducing pressure and promoting the comfort of patient.

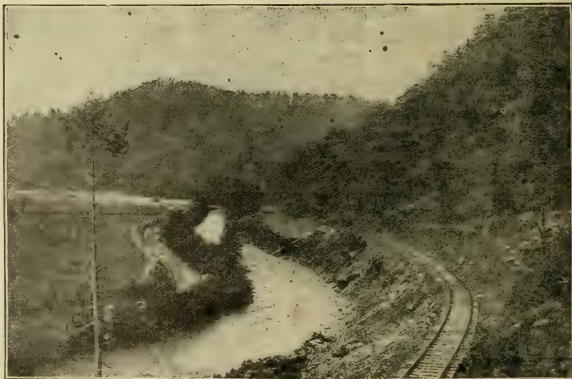
In simple or essential hypertension, it produces marked fall of pressure, and is a safe and dependable remedy.

TRY NORTH CAROLINA'S "LAND OF THE SKY"

By C. W. Hunt, M. D., Brevard, N. C.

Once upon a time, in the days of long ago, old Father Æsculapius, worn and weary in ministering to the ills of mankind, knowing, as all good physicians know, that his case was beyond the reach of the healing herb or the art of man,

prayed to his divinity, the Goddess Hygiea, to be shown the most restful, beautiful, and healthful spot on earth. While he prayed, wornout nature claimed her dues, and from sheer weakness he fell asleep; and as he slept he dreamed of a beautiful land where nature, that sweet restorer, lavished all of the beauties of rushing mountains and peaceful vales.



Rushing River.

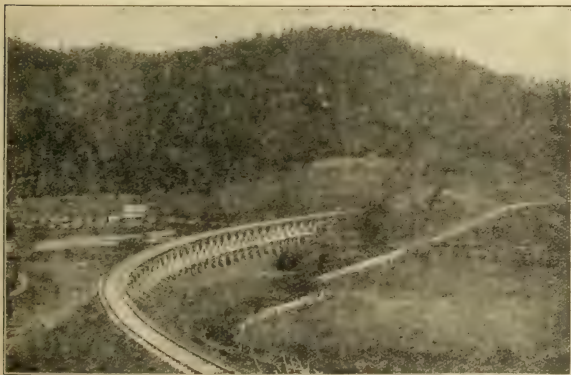


Mountain Lake.

By and by he awoke to the song of many birds, above which thrilled the flute-like call of the Bob-White, and his enchanted eyes beheld the beautiful valley of the French Broad, pierced by the sparkling river and surrounded by the towering peaks of the Appalachian and Blue Ridge Mountains in all of their grandeur and sublimity. And, behold, in his dream "the half had not been told."

Entranced by the varying and shifting

scenes on the dizzy mountain tops, the mystic shades of the mountain gorges, all veiled in the azure haze that glorifies the Smoky Mountains, his thirst allayed by the pure, sparkling waters from the purling springs, his brow fanned by the cool ozone laden zephyrs from the "forest primeval," his body became exhilarated, his soul rejoiced, and he lifted up his voice and cried out, "Verily, this is God's country."



Long Curve Trestle Near Rosman.



Lake Sapphire.

As a true physician, having ever in mind the weak and the afflicted, he forthwith sat down and wrote this prescription:

"If thou art worn and hard beset
With sorrows that thou wouldst forget,
If thou wouldst read a lesson that will keep
Thy heart from fainting and thy soul from
sleep,
Go to the woods and hills. No tears
Dim the sweet look that Nature wears.

"Send the people to the mountain,
To the lake and to the fountains;
To the hills and rills and woodlands;
That the sick may breathe the balsam,
That the weary may be rested,
That the children may be healthful,
And the joy be universal.
Bring them from the heat of summer."

For myself, and in the name of the hospitable citizens of Brevard, North Carolina, I extend a cordial invitation to my professional brethren from the north, the south, the east, and the west to visit this our favored land. Let them command me in every way in which I can serve them—though I beg not to have my pulse, temperature or respiration taken, nor be forced to put out my tongue. Forget it all, doctor, and just rest—yes, and you can rest. Truth, had good old Rip Van Winkle, of Catskill fame, gone to sleep in these mountain abodes, he would be sleeping still.

Warning: If any of the Knights of the Powder and Scalpel have a stomach like unto that of Timothy, they must bring their own pizen and snake-bite medicine. This is a "dry" section; however, the climate is so healthful that there is no contraindication to the use of anything the stomach may call for.

In a climate preeminently healthful and bracing, we find Brevard the Beautiful, at an altitude of 2250 feet, centrally located to all of the scenic points of interest in western North Carolina. It is situated between Asheville and the picturesque Toxaway Lakes in the Beautiful Sapphire Country, the Land of the Sky, the Switzerland of America; in the land of fertile fields and sylvan vales, and of towering mountain-peaks; the land of rivers, rushing torrents, and mountain-lakes; the land of birds and flowers; the land of waterfalls; the fairy land of rest, health, and beauty; "the land where the weak grow strong and the strong grow great."

The tourist can enjoy roaming through the forests of majestic oaks, poplar, hickory, hemlock, trees of many species, and the sheltering azalias and kalmias that grow in profusion, with innumerable other varieties of wild flowers, and "the trees, the sylvan gods, the lovely company of haunted solitudes."

If so inclined, he can, with rod in hand, explore the foaming trout-streams, scaling cliffs and boulders at the risk of neck and limb; or walk or drive along the

beautiful French Broad River and its valley, far famed for its beauty; or explore the gorges of the Smoky and Balsam mountains, and lose himself in their depths; or by bridlepaths ride to the tops of numerous mountain-peaks and look down four thousand or five thousand feet and feast his eye on scenery the most beautiful and most varied in America.

In summer, fishing is to be had around Brevard, and both fishing and rowing at the Toxaway Lakes. After the 15th of November, the sons of Nimrod can explore the valley for the Bob-White; the woodland for the gray squirrel and the woodcock, and penetrate the mountain-fastnesses for the pheasant and the wild turkey, bear, deer, and the red and the gray fox. To be sure, we have an abundance of Molly Cotton-tail and "de possum an' de coon."

I would urge my visiting brother to eat, drink, and sleep. Hotel accommodations range from \$1.50 to \$3.00 per day; boarding-houses, from \$7.00 to \$10.00 per week; in the country, \$6.00 to \$7.00 per week. When possible, it is advisable to engage rooms in advance. Everywhere good, old country fare—chickens, fresh eggs, pure milk and butter, home-grown vegetables, and home-cured hams are to be had.

MALIGNANCIES OF THE OVARIES REPORT OF CASE COMPLI- CATING PREGNANCY.

By Eugene B. Glenn, M. D., Asheville, N. C.

As far as I have been able to find, the literature on this subject is limited. I have no unique method of diagnosis or dealing with any phase of these conditions, but to deal with the subject in a general way, and impress the importance of the necessity for early diagnosis and early operation as a prerequisite for placing the mortality of surgery from this cause lower, and in keeping with the advancement and spirit of the present age.

The commonest growth is alveolar epithelioma or medullary carcinoma. The Wolffian hypothesis is generally accepted for origin of cylindrical epitheliomata, but on the whole we look on the surface epithelium as the usual point of beginning.

The following is one of the newest classifications of primary cancer of the

ovary:

1. Typical epithelioma of the ovary.
- A. Carcinoma or alveolar epithelioma.
- B. Cylindrical epithelioma.
2. Clear-celled epithelioma.
3. Chorio-epithelioma.
4. Lutein-celled epithelioma.

The clear-celled epithelioma was first described by Chenobin in 1911. While admitting their possible origin from pre-existing ovarian pregnancies, we are inclined to the belief that the appearances of these tumors are due to metaplasia of the cells of an ordinary carcinoma, and point out that giant cells are not rare in ovarian carcinoma.

Lutein-celled carcinomata are rare. To explain their origin from the corpus luteum, it is necessary to accept the idea that the corpus luteum is formed of epithelial and not connective tissue cells. The results of the operative treatment are of interest, in that it appears that the radical operation of removing both ovaries and the uterus gives less than half the immediate mortality of unilateral ovariectomy, besides giving better results as regards a permanent cure.

Many sarcomata of the ovary have been overlooked in the past because of incomplete microscopic study; and for the same reason many tumors of the ovary were classed as sarcomata, when in reality they were not sarcomata at all. Averaging the percentage of sixteen observers, covering over three thousand cases of ovarian tumors, the percentage of sarcomata to all other tumors is found to be 5.08 per cent. About 20 per cent. of all ovarian tumors are malignant, and about 5 per cent. are sarcomatous. Contrary to the rule, sarcoma of the ovary frequently involves both organs. This double involvement occurs in about 20 per cent. of cases, and the growth is usually rapid. Sarcomata of the ovary, on palpation, are found in the majority of cases to be solid or semi-solid. The ascites in connection with ovarian tumors indicate malignancy, or that the disease involves the peritoneum.

Spindle-celled sarcomata are more common in adults, while the round-celled sarcomata are more common in young children. A close study of each case in the light of our present knowledge will make it possible to make the diagnosis oftener in the future. Diagnosis is seldom made save at operation or post-mortem, on account of the great difficulty in classifying malignant tumors of the ovaries. The rapidity of the growth that has been stationary for a long time, or

*Read before the recent Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

one that is rapid growing from the beginning, should raise the suspicion of sarcoma. Dermoids often undergo sarcomatous degeneration; and about ten or twelve cases of carcino-sarcoma of the ovaries have been reported.

Pain is a prominent symptom in more than one-third of the cases. Disturbance of menstruation is more common in malignant than non-malignant tumors; especially is this true in amenorrhea. The fibro-sarcoma seems to give the best ultimate prognosis, although a permanent cure can be expected in about 10 per cent. of all cases. However, even in desperate cases, the results of the operation are sometimes surprising. The X-ray and Coley's fluid have been administered following an operation, with apparent good results. The operation gives a higher mortality in children than in adults.

E. Voght reports two cases of melano-sarcoma of the ovary in the literature; while Soubeyren and Rider report six cases of secondary melano-sarcoma of the ovary in general sarcomatosis. In one of the cases reported by Voght, the primary sarcoma was in the chorion, the other in the skin. He makes a careful report on the histology. The one case is an exception to the rule that primary sarcomata are diffuse and secondary sarcomata easily enucleated. The age of the patients ranged from thirty to forty-four years, and all of them were still menstruating. The prognosis is fatal, in spite of treatment, within two years after

the appearance of the primary tumor, or the presence of symptoms.

Just a word with reference to cancer of the Fallopian tube and placental cancer. Bazy has found only eleven cases on record of placental cancer in the tube, and none has been reported from France before. These lesions throw light on the etiology of cancer, showing that there is no need for the intermediation of a parasite for the epithelium to acquire on occasion this power of malignant growth. There is nothing which apparently provides the specific conditions to start this so effectually as an extra-uterine pregnancy. The only wonder is that the cancer does not develop more frequently at the site of an extra-uterine pregnancy. In the eleven cases reported, death followed soon after the operation in eight cases. In the other three cases, the cancer was not found until after death. Cases of this kind confirm anew the necessity of treating extra-uterine pregnancies as if they were already a manifestation of malignant disease, by immediate operation.

Report of Case.

Case 1.—Mrs. C, aged 35, married, nullipara, suffered with irregular and painful menstruation for several years. Had had absence of menstruation for about five months. Examination three years ago revealed a small tumor of the left ovary. Patient was referred for operation by Dr. T. F. Reynolds, of Canton, N. C. When she entered the hospital, she showed marked cachexia. June 20,

1914, on physical examination, there was a large nodular tumor that could be palpated in the left lower quadrant, and a large, smooth, and symmetrical tumor to the right of the center in the right lower quadrant. The abdomen was very prominent, owing to the large amount of acetic fluid. The abdomen had been tapped a couple of months prior, by her family physician and a quantity of fluid drawn off.

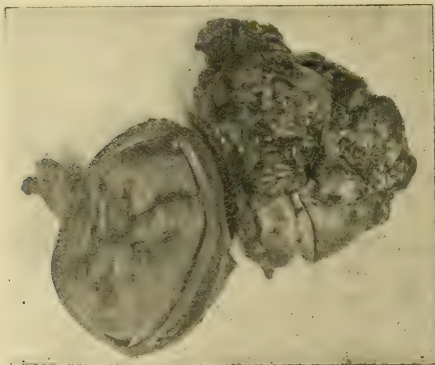


Illustration Referred to in Case I.

Patient was suffering from dyspnea, and could not sleep lying down on account of the pressure. On opening the abdomen, median line incision, about three gallons of acetic fluid escaped.

I found, upon examination, a large, adherent tumor mass, involving the left ovary. The growth extended downward into the broad ligament, and inward to the body of the uterus. The lower end of the tumor filled more than half of the pelvic inlet. This growth pushed the uterus upward and to the right.

The smooth symmetrical tumor previously found in the right lower quadrant was found to be a five month's pregnant uterus. The tumor was gorged with blood, and bled at the slightest touch.

I did a panhysterectomy, endeavoring to go as far away from the growth as possible. The patient made an uneventful recovery, leaving the hospital in four weeks.

A week after leaving the hospital, she returned, suffering from an acute intestinal obstruction. The abdomen was re-opened, and a long fibrous band of adhesions was found constricting the illum, about thirty-six inches from the pylorus. This constriction was relieved by operation, and the patient left the hospital on the fifteenth day.

Eight months have elapsed since the operation. She has gained several pounds in weight, appetite is good, sleeps well, no pain, and is apparently perfectly well.

Microscopic examination of the tumor showed it to be a spindle-celled sarcoma. The accompanying cut is taken from the above case, and shows the relation of the uterus to the tumor. The uterus was opened anteriorly. The position shows why the uterus was pushed to the right side.

Reference: Dudley and Stowe, Gynecology, Practical Medicine Series, 1914, Vol. I.

Physicians who treat syphilis should have no hesitancy in using "Venarsen." In the thousands of cases treated, there has never been a fatality reported. It is easy to administer, does not require a large gravity tank but just an ordinary all glass syringe, always ready for use, and can be administered anywhere and at any time, and is an American product.

C. Tanghe, of Atlanta, Ga., is distributor for the South Atlantic States. For information, address him at P. O. Box 290.

ad-6-16

What Men Like.

A pretty face—a perfect complexion. Not unsightly pimples, blotches, moth patch, freckles, tan and blackheads. No woman wants or needs to have them. Why not? Because a little care and the use of Spiltoir's Toilets produces a velvety, peachy, babe-like complexion that everybody admires. Use Spiltoir's de L'Opera Face Powder, 75 cents.

The "City" Anemic.

The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers, and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, or course, remedy the cause of the anemia and general devitalization, it almost always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

CHLORO-PHENIQUE in an aqueous antiseptic and germicide of remarkable merit indicated in all conditions where an aqueous solution can be used to great advantage, especially among doctors and dentists of higher standing. It is non-irritant to the skin or mucous membranes when properly diluted, or may be used pure as indicated. It possesses superior antiseptic properties, and as a GERMICIDE, it acts with remarkable success in all cases where it is necessary to use a spray.

War Prices.

The enormous advance in the price of drugs, owing to the European war, is well exemplified in the bromide salts. Bromide of Potassium, for instance, which sold before the war at 35c a pound, is now quoted at \$1.25 per pound, and the other salts have advanced in proportion. The very high price and scarcity of these salts is a great temptation for substitution. The safe way for the physician is to prescribe Peacock's Bromides, which, in spite of the great advance in the

cost of manufacture, is still sold at the old price. Its formula has not been changed and this is a guarantee of uniformity and purity.

ad-10-15

Mexican Drugs.

The warlike disturbances in old Mexico are responsible for many troubles of manufacturers and importers of botanical drugs. Mexico is the source of quite a number of our medicinal plants, and some of these are practically unobtainable. It seems to be unsafe for the peons, who usually work under the supervision of a professional collector, to venture far away from settlements, and even when they succeed in gathering a shipment, there is no guarantee that it will ever reach the border. For more than twenty years *Cereus Grandiflorus*, used in the manufacture of Cactina Pillets, has been cut on the mountain slopes of the Vera Cruz range situated in the state of Tamaulipas. The Sultan Drug Company states that very few shipments have found their way into the United States, and at one time they were greatly concerned about the safety of one of their collectors, an American who has lived in Mexico many years. For some time past the Sultan Drug Company has been carrying at least a year's supply of *Cereus Grandiflorus* ahead, as the dangers of this unsettled condition were anticipated.

ad-10-15

Campho-Phenique Ointment "Formerly" Scrofolal.

Campho-Phenique Ointment is essentially an oleated Camphor Phenate, which has been so combined with a proper excipient as to form a pleasant and homogeneous ointment. It is indicated in such skin diseases as Acne, Acne Rosacea, Eczema, and various forms of Lichen, Seborrhea and Psoriasis, and especially those which are inflammatory in nature and origin. A large clinical experience of various physicians has thoroughly demonstrated this fact. It has been used with excellent results in Parasitic Eczema, Sycosis, or Barber's Itch, and Scrofula. If persistently used, it is bound to effect a permanent cure in all cases where an ointment of this nature is indicated.

Tri-Iodides.

(Henry's)

Liquor Sali-Iodides.

An Alternative Combination of Iodine

that Eliminates Mercury and Arsenic from the System and is Free of the Disagreeable Effects of the Alkaline Iodides.

CERTAIN PRINCIPLES should govern the pharmaceutical chemist in the preparation of special or true formula, the fundamental principles governing therapeutics being the property of the medical profession.

Perturbations of the glandular structures, defective elimination, imperfect oxidation, excessive supply of certain elements of food, impaired digestion and malassimilation, are the most potent factors of gout and rheumatism. Vital depression with defective oxidation is often produced by disturbances of the excretory areas of the body, such as the skin, kidney and bowels.

Under these circumstances the blood becomes laden with ingredients which, being imperfectly oxidized, accumulate in the various organs and tissues of the body, and there set up organic and functional disease. We also recognize that heredity and individual peculiarity of organization, associated with such exciting causes as mentioned and exposure to cold and wet, produce perversions of the blood. It is conceded that, as a result of disturbances of tissue metabolism, there occurs an accumulation of an excess of uric acid in the blood, which crystalize and accumulate in the tissues and organs, producing the conditions of blood which underlies gout known under the generic term of lithemia or uricemia.

ad-8-15

Glyco-Thymoline For Colon Flushing.

Inactivity of the colon with its retention of fecal matter and consequent distention and interference with the work of the rectum is a prime factor in the causation of hemorrhoids, constipation and in the event of septic matter in the feces, auto-infection.

The rapid elimination of all septic matter, and the promotion of an aseptic condition of the intestinal canal is within the province of Glyco-Thymoline. One pint of a ten per cent. solution at a temperature of 100 degrees introduced well into the colon will produce a quick evacuation without pain or discomfort. This followed by three or four ounces of a twenty-five per cent. solution at the same temperature, retained, will speedily restore to normal conditions by inducing exosmosis, relieving pain by its anesthetic property and promoting a general aseptic condition by its power of cleansing.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR
CHARLOTTE, N. C.

CENTRALIZATION.

Shades of the Jeffersonians—how can you rest quietly in your graves, when the dreaded central government has extended its authority so far beyond anything dreamed of when the Constitution was adopted?

The pendulum has swung very far during the past fifty years, and it now seems doubtful if it ever will swing back. But, even as in the days of Holy Writ, it is true that we shall know men and measures by their fruits. If this policy of augmenting the authority of the Federal Government at the expense of State sovereignty prove to be productive of good, it will endure and be extended until the limits of its utility shall have been reached.

This is no longer a union of States, but a State. The United States, is, not **are**. The babe born in any one State may be indifferently a citizen of any other, or successively of any number—the only point ever raised being as to his rights as a voted. One may be a citizen of New York as to his business, of New Jersey when it comes to dodging taxes, of Maine during the dogdays, and of Florida from fall till spring. The interrelations are so many and so intimate that State lines become a mere technical hindrance. Owing to them, a man may be the husband of one woman in one state, and of another in a different commonwealth; a creditable law-abiding citizen in one, and a malefactor with the penitentiary clawing to enfold him in another. The judiciary of one State may enjoin him from doing certain acts, while that of another may threaten him with punishment condign if he doesn't do them. If he be so unfortunate as to be a physician, he is prohibited from relieving human suffering and earning an honest living in the only way possible to him, in any but a solitary State. But if he wants to sell whiskey, no such difficulties are placed in his way—the newly-landed immigrant soon sees his name flaunted to the breeze over the doors of a groggery.

These and many similar annoyances and restrictions lead men to look on the once worshipped State rights, as antiquated relics of a day long past, of con-

ditions no longer existing.

Of the numerous encroachments on the rights formerly enjoyed by the States, none has had more decided effects or exerted more important influences over social conditions than the Pure Food and Drugs Act, and that regulating the supply of habit drugs. We should add to these the Mann Act, intended to stop the traffic in girls and their supply to brothels, but wrested from its purpose to punish sexual derelictions when they involve travel from one State to another. Should the verdict of the public finally approve this extension, it will become another instance of the irksomeness of the remaining State rights; for if the Federal Government is to become the guardian of our morals, it should not be limited and hindered by State lines.

Thanks to the Pure Food Law, we now know approximately what we buy in the line of canned or otherwise preserved foods. We see on a jar marked "strawberry jelly," an extra label telling us that it is an imitation and further we learn that the jar contains a mixture of 20 per cent. corn syrup, 30 per cent. cane sugar, and 50 per cent. apple trimmings and fruit; with strawberry flavor. Wholesome enough doubtless, and the same we have been buying for years; but now we do not have to pay for the real thing and get the imitation—if we are willing to pay the price we can get the pure article.

Take the so-called condensed milks—those who visit the factories are surprised to see the pipes conducting a large supply of water to the "condensing" works; until informed that it is to facilitate working the corn starch! So we, who are in the secret are not mystified to read on the labels the manufacturers' guarantee of "absolutely pure milk" entering the composition, without a word as to what else goes in, and the Government guarantee absent. We may seek for a brand that bears the latter, and possibly we may find it, but the retail grocers seem to favor the others.

The habit-drug act has not yet been shaken down into smooth working order, and seems to have been needlessly complicated by the authorities seeking to add some legislation of their own, in deference to the desire of organized pharmacy to "get" the dispensing doctor. The ruling that the latter must keep records not provided for in the letter of the law, has yet to be passed upon by the courts, and will undoubtedly be nullified. Meanwhile the dailies furnish us a grisly list of suicides and sudden deaths, of the un-

fortunate habitues who find it impossible to secure supplies of their drugs. Moreover, and this is the most significant incident yet developed, druggists and an occasional doctor are being hauled up to explain their free prescribing and dispensing of these poisons.

More power to the law and its enforcers. Those who have made a specialty of curing these drug victims, have ever found their greatest difficulty to be the ease with which habitues could secure their drugs in spite of the law; there always being an unprincipled fellow within reach, who would take chances of defying it for the sake of the profits. Public interests demand that the restrictions be made close, and that every dispenser shall be made to justify his action in supplying the deadly stuff. Some idea of the extent of these habits is being afforded, and it is so great that considerations of State rights become insignificant before the magnitude of the evil.

The next step of the extension of Federal authority over domestic matters, seems to be the establishment of a National Board of medical registration. What else is as badly needed today? Let us hope that the powers that be, at the head of medical organizations, may find time some day soon to devote to this object the energies hitherto monopolized by the work of consolidating their own powers and influence. Thus may they go far to justify themselves and reconcile the masses of the profession to their rule.

UNREQUITED.

Homer was a beggar; Bacon lived a life of meanness and distress; Sir Walter Raleigh was beheaded; Spencer died in want; Milton sold "Paradise Lost" for \$75.00, and died in obscurity; Otway perished of hunger; Lee died in the street; Dryden lived in poverty; Steele was perpetually warring with bailiffs; Goldsmith sold the "Vicar of Wakefield" for \$40.00 to save him from the grasp of the law for debt; Butler lived in penury, and died poor; the author of the "Lusiad" died in an almshouse; Chatterton committed suicide. Many physicians devote a lifetime in ministering to the sick, and leave nothing behind but a good name!

CHANGING STANDARDS OF X-RAY THERAPY.

In the past the use of the X-ray as a therapeutic agent has been limited by the fact that tubes of unknown penetration were employed and that there was no reliable way to measure the amount of ray that the patient actually received. To

some extent this was determined by the estimation of the amount of current flowing through the tube by means of the milliamperemeter, and by the length of the spark that the tube would back up. Nevertheless it was found that while one patient was not benefited another might receive a slight burn, under conditions that were believed to be identical. As a result exposures were made short and were repeated until some change was noticed, either a dermatitis or an improvement. However it was found that many lesions, notably skin cancers, which would at first respond well to the ray, later were not affected by it; in fact some were even made more malignant. It became evident that the proper form of treatment was one in which comparatively few exposures were given, and that these should be much heavier than in the past. It also became obvious that to accomplish this safely some means of accurately measuring both the quantity and quality of the ray must be found.

Estimating the quality or hardness of the ray has proven a simple matter, and there are many instruments upon the market which will do this satisfactorily. In common use is the Benoist penetrometer, which is simply a round disk of aluminum, varying in thickness in different parts. The hardness of the ray is determined by observing how much of the aluminum is penetrated.

Estimating the quantity at first proved somewhat harder, but has now been satisfactorily accomplished by means of the Sabouraud-Noire pastille, which is matched up against some standard. The most satisfactory instrument in general use for this purpose is the Holkecht radiometer, where pastille is matched against pastille, and not against a painted scale. The dosage can be absolutely determined by the combination of these two instruments.

We have now upon the market the new Coolidge tubes which can be set for any desired hardness. This combined with accurate measurement should open a new era in deep therapy.

In superficial therapy it is now attempted to obtain in one or two doses the same results that were formerly accomplished in four or six months. It should be pointed out that not only is the patient saved much time and money, but that the results are also infinitely better, inasmuch as the danger of producing burns is practically past, provided that a hard tube is used and the rays filtered. Skin cancers have been wiped out in one ex-

posure and are usually totally obliterated, for a time at least, in two or three treatments.

Verily the future of X-ray therapy, both for superficial and deep work, is big with promise.

THE MEDICAL GAMUT.

The history of medicine is checkered throughout with some strange fancies. The gamut has been run from the grossest materialism to the most refined spiritualism so to speak. Medicines have been administered under the conception of man's being a simple machine controlled by physical laws, and again there is more of the ethereal than of flesh and blood in his makeup. Disease was at one time regarded as the influence of an evil spirit which had entered the body and possessed it, dominating at will; and as a physical entity was sought to lay hold of and exercise by lancet, purge, emetic, diaphoretic, and diuretic. However men have learned to become the servants of nature instead of vainly striving to thwart or control these conceptions of disease; and such medication has disappeared, and we have now a system founded on a knowledge of the exact science of anatomy, physiology, chemistry, and pathology, which is well nigh perfect and full of promise.

Of course medicine is not yet what it shall be, some day; as it is not yet free from many absurdities that once characterized it. There are still many vagaries, and a vast deal of empiricism among those who should know better. Superstition and ignorance are hard to remove.

Among the vagaries that still cumber medical progress there is none more absurd and baseless than that of "Specific Medication." It is a relic of the most primitive days of medicine revamped. It has, however, a firm hold on the popular mind, being a popular conception of medicine—that there is a specific remedy for every disease. Also that every symptom has a corresponding drug that is good for it. The more superficial the medical education of the practitioner, the stronger is the belief in specific medication. While these things are true, it is passing strange that in the full blaze of the twentieth century, such a fallacy should exist. There was a time when it may have been excusable, but there is absolutely no excuse now for such claims.

We are crowded with more fallacies, fads, fancies, and cruel humbugs now than perhaps we ever were before. The doctrine of "Specifics" is based on the singleness of action of each drug. It is

an idle dream, a figment of the imagination, and no man who is grounded in the fundamentals of the science can promulgate such a doctrine except with a sinister motive. The young student who sits at the feet of the modern Gamalists of our colleges, can but see the fallacies of the dogmas that are rampant in the medical world today.

Editorial News Items.

For the protection of patients at the local hospitals in Asheville, N. C., from the noise of the street the city commissioners have passed an ordinance regulating the speed and noise of automobiles and other vehicles in the hospital zone of that city. Quiet zones are laid out about the principal hospitals in that city and stringent regulations are provided for the driving of machines in the territory embraced. Every city of any size all over the country should enact ordinances of this kind. It is the proper thing for everyone interested in the matter to do and everyone should be interested. Every hospital in Charlotte has on many occasions had just reasons for complaint about the unnecessary noise on the street and it is hoped that every city in the country will adopt some rules that will lessen this preventable nuisance.

Drs. M. M. Caldwell and J. H. Bornemann of Wilmington, N. C., were drowned in the Cape Fear River about midnight on August 5th. We have never heard of a more distressing and deplorable accident. It seems that the doctors, in company with Mr. Clell Caldwell, of New York, and Chief Engineer Harwell, of the German steamer *Nicaria*, that was interned in that city, were returning from the boat to Wilmington. The steamer was lying opposite the city. It was about twelve o'clock at night when the small boat in which they were crossing capsized in midstream opposite the foot of Grace street. Chief Engineer Reimers of the steamer *Kiel*, the fifth member of the party, was the only one saved. He was a good swimmer and reached some point to which he clung until Captain Hollasch of the *Nicaria* in response to calls for help went to his assistance in a small boat. Although the river has been thoroughly dragged for many blocks below the place of the accident up to this writing the bodies of the drowned men have not been found. The doctors, it is understood, were seated in the stern of the boat when the accident occurred. It is said that the

boat was rather small for the number and weight of the passengers and that the slightest tip would have caused it to take water. It is thought that some little rocking of the boat caused it to take water. The craft was propelled by a small gasoline engine and its weight in connection with the passengers quickly sent it to the bottom. Dr. Caldwell was a good swimmer and an allround athlete and the loss of his life under the circumstances would hardly be expected. Dr. Bornemann was also a good swimmer but evidently he lost his strength and was not able to save himself in the swift current. The tragedy has not only cast a gloom over the city of Wilmington but friends and acquaintances all over North Carolina and the adjoining States feel the loss and participate in sympathizing with the relatives and numerous friends of the deceased.

Dr. Caldwell was for several years resident physician of the Seaboard Airline and was for a few years superintendent of the James Walker Memorial Hospital. For some years he has been engaged in private practice and has one of the best equipped offices in the State and his practice was possibly the largest and most select of any physician in Wilmington. He was a member of the Masonic order, Elks, Royal Arcanum and probably other fraternities. He was originally from Cabarrus County, N. C., where his family has for a century been one of the most prominent in North Carolina. Dr. Caldwell graduated at Davidson College in 1897 receiving the degree of A. B. Four years later he graduated at Jefferson Medical College, Philadelphia, receiving the degree of M. D. He received his license to practice medicine in North Carolina in 1906 and joined the State Medical Society in 1907. He joined the Tri-State Medical Association in 1910 and was chairman of the Section on Surgery for the 1915 meeting which was held in Charleston last February. Prior to the meeting he made considerable effort to make the section on surgery complete and he was successful. The writer's association with him at that time established a friendship that has been much appreciated and valued. He was a man of pleasing personality and it was no effort for him to be cordial and pleasant to everyone who came in contact with him. His social relations to everyone were a stimulant and pleasure instead of work and a feeling of duty. The doctor was far beyond the average physician in ability. His early training was of the very best and no

young professional man in North Carolina entered his life work better equipped than Dr. Caldwell. His wife, who was Miss Hays of Pennsylvania, and two little children survive him. Five days before he was drowned a representative of The Charlotte Medical Journal called on him at his office in Wilmington in connection with business matters of The Journal and wrote back to this office that he had never called on any physician who was more courteous to him than Dr. Caldwell. He and Dr. Chas. T. Harper, assistant surgeon of the Seaboard, were to have been the entertaining hosts during the Seaboard's association at Wrightsville Beach which begins the 10th of this month. Dr. Harper had an acute attack of appendicitis on the first or second of August and had to be operated on. He will not be out in time for the meeting. It is considered singular that something should have happened to both of these prominent physicians about the same time.

Dr. Bornemann was assistant to the chief surgeon of the Atlantic Coast Line and was also a member of the City Civil Service Commission of Wilmington. Surviving him are his parents, Mr. and Mrs. J. H. Bornemann, and several brothers and sisters. Dr. Bornemann was a graduate of the University of North Carolina, 1899, and of the Jefferson Medical College of Philadelphia in 1903. He stood at the top of his class at the medical college in Philadelphia and was considered one of the best and most prominent physicians in eastern North Carolina.

The State Board of Health of Virginia, under an act of the State Legislature, is having an official inspection of the various resorts of the State. The statute, enacted in 1910, also provides for the regular inspection by the board of all hotels and boarding houses, and it is claimed by traveling men that the standard of hotel entertainment and cleanliness, has greatly enhanced under the application of the statute.

The State Board of Health of Maryland was accorded extended powers by the Legislature of 1914, and some of the new powers then conferred have just been tested out in the courts. As an interesting instance the law conferred on the State Board of Health of Maryland the power to require the installation of water and sewage systems and placing the duty of providing funds upon the municipal officials when so ordered by the State

Board, has, while declared unconstitutional in the lower court, just been ruled upon favorably to the law and the State Board by the highest court of the State. The court held it was clearly within the exercise of the police power of the State, and it was the duty of the State Board of Health to require the establishment of water and sewage systems wherever their absence was a menace to the public health, and it was the duty of the municipal authorities, when so ordered, to raise funds, and that it lay within their power to raise such funds by taxation, the assessment of benefits, or by the issuance of bonds up to 2 per cent. of the taxable basis of the county or municipality without special legislative enactment or a popular referendum.

The daily press report the expulsion of a young physician from the examination hall during the recent session of the Virginia State medical examining board in Richmond, Va. The young man alleges that he had two handkerchiefs and a small compend in his pocket and in getting out a handkerchief, the volume accidentally fell to the floor attracting the notice of the examiner on duty. The Board wisely declined to accept the explanation.

Dr. Henry G. Perry, recently licensed by the North Carolina State Examining Board, has located at Louisburg, N. C., where he will practice with his brother Dr. E. M. Perry.

At Richmond, Va. June 28, a carpenter was fined \$20.00 in the police court for assaulting Dr. W. D. Simmons, a young physician of the city, who appeared at the man's residence in response to an obstetric call more than one hour after the birth of the baby. Dr. Simmons was a substitute for Dr. M. E. Nuckols and answered the call in his absence.

Dr. A. S. Harrison, Enfield, N. C., who has served for fourteen years past as county Superintendent of public schools for the county has retired much to the regret of a large portion of the county's best citizens who believe in direction of public school work by competent professional men.

The death at Summerville, S. C., the end week of June of Dr. Charles U. Sheppard of that place removes a physician of character, though a gentleman whose fame will rest more upon his

having successfully brought under cultivation 60 acres of land from which he annually produced more than 15,000 pounds of merchantable tea and demonstrated beyond all future question the adaptability of the Southern States for the profitable growing of tea. It will be remembered that Dr. Sheppard made his demonstration first in Moore County, N. C., only a few miles from the site of the present North Carolina State Sanitarium for Tuberculosis, later removing a little further South to Summerville, S. C.

During the first two weeks of the anti-typhoid vaccination campaign in North Carolina under the auspices of the State Board of Health 17,383 persons were vaccinated in the five counties being now systematically worked.

Medical men in North Carolina, as well as other Southern States will read with interest the news that Yale University at its recent commencement conferred on Dr. Chas. W. Stiles, (for several years stationed in Wilmington, N. C., making that his home during the four years work of the "hook-worm" work in the South, who made many friends while here,) the honorary degree of Doctor of Science.

The South Carolina State Board of Health has extended an invitation to the National Association for the Study of Pellagra to meet in Columbia, S. C., in the early autumn. Drs. Robt. T. Wilson, Charleston, and J. A. Hayne, Columbia were named by the Board a Committee of arrangements.

Dr. J. C. Jermane of the federal census bureau, Washington, D. C., has just completed the checking up on behalf of the United States authorities of the work of the bureau of vital statistics of the North Carolina State Board of Health at the offices in Raleigh, N. C. The work has been most carefully performed, but has resulted in several additional prosecutions for failure to make reports as required by the State law. Physicians, almost as a rule, are fairly prompt in sending in vital statistic reports, and it is the avowed purpose of the bureau to continue vigorous prosecutions with the purpose of making the North Carolina vital statistics as nearly absolutely correct as those of any civilized State or country on earth.

The North Carolina State Board of Health is spending about \$40,000 per month in returning incomplete reports from physicians to the vital statistics department. That is natural with a new law, but in a reasonable time the average medical man will come to make his reports in a proper way, stating specifically as nearly as may be possible the exact cause of death.

The recently completed Irvin Memorial Hospital, Mt. Airy, N. C., has changed hands, and will now be operated under the direction of Dr. Moir Martin. It is three stories in height, of first class construction, being built of North Carolina granite, and is one of the admirable smaller hospitals to be found in a constantly increasing number of the smaller cities of the Carolinas as well as all the other States of the South.

Dr. W. S. Rankin, Secretary North Carolina Board of Health attended the session of the North Carolina State Good Roads Association at Asheville July 14-16 and delivered a wholesome address on "Sanitary Jails and Camps".

Dr. Seale Harris, Mobile, Ala., announces his removal to Birmingham, Ala., where he will be located at the end of his summer vacation October 1st, 1915. His practice will be restricted to disease of the stomach and internal medicine.

The Anti-Tuberculosis Society of New Berne, N. C., has placed a whole-time nurse in the field to care for local cases of the disease and see that proper disposal is made of all possible infective sources of disease.

Dr. Geo. B. Cromer, New Berry, S. C., Chairman of the South Carolina State Board of Charities and Correction has begun the appointment of local auxiliary boards in the various counties of the State. Chairmen for the following counties have been named: Greenville, Dr. Curran B. Earle; Newberry, Dr. J. M. Kibler, Charleston, Dr. G. McF. Mood.

The Charleston, S. C., City Health Board, have adopted sanitary regulations for the manufacture and sale of ice-cream in that city.

The North Carolina State Sanitarium for Tuberculosis, Sanitarium, N. C., in

addition to recently inaugurating a training school for nurses, has adopted a registry of nurses in the State who have had special experience in tuberculosis work and desire to be registered as such. The only expense incurred by nurses is the making of the request with credentials and other references. Full data furnished by writing the Superintendent, Sanitarium, N. C.

The Virginia State Board of Health has elected Dr. Roy K. Flannagan to succeed Dr. Allen W. Freeman resigned, as Assistant Health Commissioner.

Dr. F. C. Hyatt, Health Officer, Greensboro, N. C., reported for the month of June, 1915, 24 cases of typhoid fever, 23 whites and 1 black. Smallpox, whites 2, negroes 9, a total of 11 smallpox for the month. The general vaccination going on against both diseases during June and July gives confidence to the belief both diseases are well under control.

Dr. S. P. Schenck, Norfolk's live Health Commissioner announces the completion of engineering betterments and additions to the sanitary systems of South Norfolk which have arrested the increased fever incident noted in June in that important port city.

July 19 a fire occurred in a tuberculosis sanitarium at Asheville, N. C., and resulted in considerable water damage to the third story of the building. The prompt action of the attendants and the ready response of the fire department rescued all patients and with minor losses of patients effects.

The principal building of the former North Carolina Medical College at Charlotte, N. C., has been remodelled and converted into a forty-two room modern apartment house.

Major Eugene B. Glenn, 1st Regiment National Guard of North Carolina has returned to his practice in Asheville after an outing at the annual encampment of the Guard at Morehead City, N. C.

Dr. H. P. Barrett, Charlotte, N. C., has been elected to succeed himself as City Bacteriologist.

Last week appeared at Wilmington, N. C., the initial number of the local board of health monthly bulletin, "Our Com-

munal Health". It is an inviting little periodical, worthy of perusal, and will be helpful to the interests represented. The city and county with a combined population of slightly in excess of 38,000 is spending in 1915 for public health work, exclusive of garbage service, for health work \$23,515.00 and for the James Walker Memorial Hospital and Red Cross Tuberculosis Sanitarium, \$23,000.00.

A recent announcement made in July is to the effect that the Medical College of the State of South Carolina, Charleston, will in 1916 raise its entrance requirements to the usual high school course, plus two years college work including courses in chemistry, physics, and biology. This addition raises the number of such American colleges requiring two years college work prior to entering on the study of medicine, to forty-five.

Richmond, Va., has a health department of which any modern city might well be proud to possess. Nine years ago when the city placed Dr. E. C. Levy at the head of its health service, the city had a death rate for the preceding 26 years averaging 77.8 per 100,000, and only in four years of the twenty-six had it been below fifty. The average for the past six years has been 19.1 per 100,000, and with a single exception each year has been lower than the previous one. The rate in 1911 was 14.1, and to July 1st, 1915, the rate per 100,000 has been calculated for the year at rate of only 8.3.

The present local Board of Health of Norfolk, Va., was reelected July 7, by the State Board of Health at their session in Richmond. The following physicians compose the Norfolk Board:

Dr. Sherwood Dix.
Dr. F. D. Wilson.
Dr. W. P. McDowell.

Dr. W. F. Hargrove, Kinston, N. C. has returned from an outing on the Pacific slope. At the Panama Exposition he noted the exhibit of the North Carolina State Board of Health, and in an interview later, expressed his regrets that the typhoid fever rate of incidence was so high, but the doctor added, with the growth of the vaccination and prevention sentiment, it is merely a little time until our rate will be one of the lowest in the union.

"Lonnie Williams," a Negro-Indian witch and 'erb doctor' practicing in Rockingham County, N. C., and adjacent Virginia counties, was recently indicted in the local court at Spray, N. C., for illegal practice of medicine, but the prosecution was unable to show the court where "Dr. Lon" had ever charged any of the patients called as witnesses, and he was discharged for want of evidence.

Of the 781 physicians attending the New York Post Graduate School during the past year Alabama contributed 8; Arkansas, 6; District of Columbia, 17; Florida, 9; Georgia, 20; Kentucky, 6; Maryland, 6; Mississippi, 11; Missouri, 20; Oklahoma, 8; South Carolina, 10; Tennessee, 7; Texas, 18; Virginia, 8; West Virginia, 9; and North Carolina leading in number with 25 as follows:

Austin, F. D., Charlotte.
Bell, A. E., Mooresville.
Bradford, B. M., Huntersville.
Brownson, W. C., Asheville.
Cloninger, L. V., Statesville.
Cochran, J. D., Fayetteville.
Crouch, T. D., Stony Point.
Duffy, R. N., New Bern, N. C.
Gibson, J. S., Gibson.
Grayson, C. S., High Point.
Hester, J. R., Littleton.
Hodgin, H. H., Red Springs.
Hord, J. G., Kings Mountain.
Le Gwin, J. B., Wilmington.
Lott, H. S., Winston-Salem.
McBrayer, C. E., Shelby.
McBane, W. C., Mt. Airy.
Peeler, C. N., Charlotte.
Pollock, R., New Bern.
Pritchard, G. L., La Grange.
Rhyne, R. E., Mt. Holly.
Seagle, R. L., Hendersonville.
Stirewalt, N. S., Mooresville.
Terry, P. R., Asheville.
West, L. N., Raleigh.

When added to this list is the number who attended the Polyclinic in New York, the Mayo Clinic at Rochester, Minn., and the various other post-graduate opportunities in the other large medical centres of the country, it is safe to state that possibly no less than 200 North Carolina practitioners of medicine received the beneficial contact with progressive medical thought during the year by post-graduate instruction. In addition to this, recalling the active membership of many of our practitioners in various national associations, it is highly probable that the percentage of North Carolina physicians who are really live active men in the profession compares

most favorably with those States having larger centres of population and local centres of post-graduate opportunity.

It is stated the executors of the will of the late Caesar Cone of Greensboro, N. C., will in the near future begin the construction of the Caesar Cone Memorial Hospital in Greensboro and also the recuperation hospital at Blowing Rock, N. C., for which Mr. Cone made a provision of \$2,000,000.00 in his will some years ago.

Dr. Wm. H. Price of Matthews, N. C., died at his home July 19, 1915 aged 51. Studying medicine in Louisville, he practiced in Union and Mecklenburg counties until stricken with a fatal throat affection last March he retired and patiently awaited the end. He is survived by a wife and nine children. Dr. Price was communicant of the Methodist church and affiliated with the W.O.W. and J.U.O.A.M.

The United States Public Health Service in co-operation with the State Health authorities of Virginia, and the local county officials have opened a free hospital and dispensary at Coeburn, Va. for the treatment of cases of trachoma which a sanitary survey of that section has shown to be rather prevalent. Dr. John McMullen, United States Public Health Service is in charge, and will conduct the institution for several months.

The forty-second annual meeting of the Tri-State Medical Association of Michigan, Ohio, and Indiana, was held in Ann Arbor, Michigan, July 14. Dr. Fred Shillito, Kalamazoo, Michigan, and Dr. Geo. W. Spohn, Elkhart, Ind. are respectively President and Secretary for the ensuing year. The 1916 session will be held in Toledo, Ohio.

The Tri-State Medical Society of Ark., La. and Texas will be held in Marshall, Texas, December 14-15, 1915. Three medals will be awarded for the best essays descriptive of original work during the year. The contest is restricted to members of the profession resident of the constituent States. Dr. J. M. Bodenheimer, Secretary Shreveport, La., will afford additional information.

Dr. W. H. Kibler, Rocky Mount, N. C., whole time county health officer of Nash County, has resigned to accept a position with the International Health Commis-

sion which will give him service in the hook-worm indication work in South America. He will leave for his new post about September 1.

A committee from the Supreme Office of the National Union, headquarters Toledo, Ohio, has recently visited Asheville, N. C., and secured an option on a large tract of land a few miles distant with a view to the erection here of the national sanatorium for tuberculosis for the care of afflicted members of the order.

The quarterly meeting of the High Point-Thomasville, N. C. Academy of Medicine was held in the Elk's Club at High Point on the evening of July 26. Dr. C. A. Julian presented a paper "Objections to Free Vaccinations" which provoked free discussion. Dr. C. S. Grayson, one on "Ileocolitis" and Dr. J. T. Burrus on "Difficulties met with in Appendicitis." An elaborate dinner followed lasting until a late hour.

Dr. C. N. Peeler, Charlotte, N. C., is spending August in post-graduate study in New York City.

Dr. Chas. L. Minor, Asheville, is spending his summer vacation on the Mass. coast.

Dr. J. E. Malone, county health officer of Franklin County, N. C., has organized the 64 families, negroes in the main part, residing on the watershed of the county town of Louisburg, into two public health societies, one on each side of the river. Prizes are given for the best efforts along public health line, and the reports indicate a high development of sanitary interest among the people of the district.

Dr. W. H. D. Walker, an interne in a Savannah, Ga., hospital was arrested at Charleston, S. C., and is now in jail at Rockingham, N. C., where he is alleged to have committed bigamy in wedding a former nurse in the Savannah hospital. The Doctor is held without bail and his first wife is reported living in Florida.

The board of supervisors of Wise County, Va., at their July meeting voted to employ a whole-time county health officer, being the first Virginia County to embark in a movement that has grown quite popular in the sister State of North Carolina. The appointment will be made

as soon as a proper applicant may be found.

Drs. Jones and Patterson, of New Bern, would like to secure the service of a few pupil nurses who have already had one or two years' experience.

Dr. H. W. McCain has purchased the interest of Dr. Duncan in the High Point Hospital and will hereafter be connected with Dr. J. T. Burrus in the management of that magnificent institution. Drs. Burrus and McCain are planning to make a number of extensive improvements in the near future in order to accommodate its constantly growing clientele. Few hospitals in North Carolina are doing a larger amount of surgical work than this High Point Hospital. Dr. Burrus is a skilled surgeon, has fine judgment and plenty of energy, just the kind of a man to make a success of anything that he takes hold of. We feel quite sure that the hospital will continue to merit the fine reputation that it has developed in the last few years.

The Greenville, S. C., County Sanitarium for tubercular patients was formally opened on August 3rd. The special address on the occasion was delivered by Dr. James Adams Hayne, State health officer. Dr. Hayne recently came to South Carolina from the Canal Zone. The Sanitarium is located near Piney Mountain in a forest of pine trees on a high elevation with fine drainage and every equipment for the treatment of tuberculosis. Greenville county is one of the first in the Carolinas to undertake work of this kind on so large a scale. Satisfactory results will follow this enterprise is the belief of all who are even partially familiar with it.

Dr. Orren L. Ellis, of Louisburg, N. C., died at his home July 15th. Dr. Ellis was eighty-one years old and had been in feeble health for several months. A few hours before his death he took, through mistake, an over-dose of opium the effects of which caused his death a few hours later. Dr. Ellis was a native of Mississippi. Soon after the Civil War he came to North Carolina and located in Louisburg where for many years he was a leading physician. He stood at the very top of his profession and enjoyed the confidence and esteem of the people of his town and county. Really he was well known throughout that section of the State. He lived a long and useful life.

He had an attractive personality and his ideals in life were always very high.

Dr. R. W. Stoneburner who recently graduated at the Medical College of Virginia has located in Ashland to practice medicine. He is associated with Dr. A. C. Ray. Dr. Stoneburner graduated at Randolph-Macon College prior to the time he took up the study of medicine.

The Third District Medical Society of North Carolina held its semi-annual meeting in the Orton Hotel parlors, Wilmington, N. C., July 21st. Dr. Jas. M. Northington, of Boardman, who has been secretary for several years resigned and his partner, Dr. H. F. Munt, of the same town, was elected to succeed him. The selection of Dr. Munt was unanimously regarded as a wise one. The next meeting will be held in Wilmington some time in December, the date to be selected by the secretary. A vote of thanks was extended to Drs. Hanes and Lapham for their assistance in making the meeting a great success. The paper by Dr. Frederick Hanes, professor of therapeutics in the Medical College of Virginia, on the diagnosis of tertiary syphilis and the use of Luetin was considered timely and of great practical value. It was discussed by Drs. Wood, Green and Harper, all of Wilmington. The paper of Dr. Mary E. Lapham, physician in charge of the Highlands Hospital, Highlands, N. C., on the subject of tuberculosis was considered one of the best papers she has ever read on this subject and she has written many. It was discussed by Drs. Bulluck, Cottingham, Green, Hanes and Northington. The discussion was full and interesting. Dr. Wood read a very interesting paper on the presence of Sprue in the United States. It was well received and discussed by Drs. Northington, Nicholson, Green and Hanes. Dr. Wood differentiated between Sprue and pellagra and thinks that the disease is propagated by the presence of bed bugs. The discussion on clinical cases was full and participated in by Drs. Munt, Bolles, Caldwell, Thompson and Wood. Dr. Cyrus Thompson, of Jacksonville, N. C., was president of the meeting which was of great value, well attended and considered by all one of the best of the kind.

Wake County Medical Society held its annual barbecue July 8th at Pullen Park. It was the universal opinion of the members that it was the best meeting in the

history of the society. The establishment of this annual barbecue was a happy thought. Drs. A. G. Campbell and J. E. Ray, Jr., composed the committee of arrangements and they attended to their duties well. A great many doctors from adjoining counties were present and added much to the pleasure and profit of the meeting. After the barbecue a business meeting was held in which several changes in the by-laws and constitution were made.

The Danville General Hospital has recently installed a very complete new X-ray apparatus costing between \$1500 and \$2000. This hospital is one of the best institutions of its kind in the State of Virginia and the improvement of this department in it is only an indication of how alert it is to keep up thoroughly with the rapid progress that is going on in the equipment of other institutions all over the country.

We have just received a reprint from Dr. S. E. Earp, Indianapolis, Ind., entitled, "Concerning Sparteine Sulphate Based On Use in 305 Cases." The article was published in Nevada Medicine a copy of which may be secured by writing the author and requesting one. The doctor certainly deals with the therapeutic value of this drug in an authoritative style or manner. The reading of the article will create a desire to study the therapeutic worth of this drug which in a way has become obsolete. The logical way in which the subject is dealt with is attractive and adds a great deal to the value of the paper.

Dr. Wilbur Paine, of Covington, Va., died July 1st. Dr. Paine received his education at Tulane and the University of Virginia, graduating at the latter institution in 1892. It was while attending the Louisiana institution that he met Miss Amelia Chopin whom he subsequently married, and who with one child survives him. Dr. Paine was one of the best known physicians in western Virginia and he was highly regarded for his fine manly qualities. He was a member of the Augusta County Medical Association and on several occasions delivered addresses before that body.

Dr. T. C. Bost, of Matthews, N. C., who was recently graduated from the George Washington University of Washington, D. C., has been elected to the position of resident physician at the

Garfield Memorial Hospital. His term of service is for one year.

Dr. Thomas S. Burbank, of Wilmington, N. C., died in that city July 12th. Dr. Burbank was not only one of the leading physicians of his city and that section of the State but was well and favorably known all over North Carolina and his practice extended considerably in South Carolina. He was a well equipped physician.

His early training was of the very best and he followed it up with uninterrupted study and careful application. Dr. Burbank was sixty-one years old. He leaves a wife and three daughters. He was buried in Wilmington July 13th and the funeral was one of the largest attended of any that has taken place in that city for many years.

Dr. Burbank joined the North Carolina Medical Society in his young professional manhood and was for many years a useful and active member. In 1894 he was elected a member of the medical examining board of this State. He served for four years as an acceptable honored member of that body. To be a member of this board is considered among medical men as the greatest honor that can come to one of them. He also served as a member of the board of health of his city and his advice along this line was considered very valuable. He was not a man who had a large circle of acquaintances but those who knew him well admired his personality very much.

Dr. W. T. Rainey who has been associated with the Drs. Highsmith, of Fayetteville, for some time has located in Salisbury, N. C., for the practice of his profession. Dr. Rainey is a graduate of the University College of Medicine, Richmond, Va. He is well prepared and his friends predict for him a useful life.

Dr. Claude D. Hicks who has for several months been resident physician in the University Hospital at Baltimore, is to locate in the city of Durham for the practice of medicine. Dr. Hicks is a graduate of the University of Maryland and has the reputation of being a fine student. He graduated at the high school in Durham, later took the degree of A.B. at Trinity College and later the degree of M.D. at the University of Maryland. He is the son of Dr. W. N. Hicks of Durham.

Dr. J. R. Gorman of the staff of internes at the Virginia Hospital has been nominated by the visiting staff of the hospital for the position of chief resident interne.

An active campaign has been started in Danville, Va., to raise funds with which to fight tuberculosis in that city under the supervision of the Virginia Anti-Tuberculosis Association. This city has given to the association a farm containing about four acres. It is appropriately located and there are already two cottages on it which will be fixed up in a way that will make them suitable to take care of a great many patients. The association in return guarantees to maintain and take care of and pay the necessary bills and expenses of twelve patients. The officers of the State association have shown a great deal of interest in this special piece of work which seems to be the most aggressive of that being carried on in any locality in the entire State of Virginia. Lynchburg and Charlottesville have a few beds maintained by the city, but with the exception of Pine Camp, near Richmond, the Danville institution will be the only one of any importance in the State. Dr. C. C. Hudson, formerly of the Richmond Health Department, is giving a great deal of his time to the establishment of this plane in Danville.

Dr. D. E. Sevier, a health officer of North Carolina, is doing splendid work along the line of preventive medicine. He is possibly as active as any health officer in the State in his efforts to eradicate typhoid fever. A very large per cent. of those who are likely to contract the disease in Asheville have been thoroughly vaccinated. Among the many hundred that he has vaccinated, or has had vaccinated, not a single one has had any discomfort or inconvenience on account of the vaccination.

On another page in this issue appears the advertisement of the Hygeia Hospital, Richmond, Va. This magnificent institution was established twelve years ago by Dr. J. Allison Hodges, one of the South's best known specialists. This institution was the first of its kind established in the South for the specific purpose of advancing diagnostic methods and applying scientific treatment to all kinds of medical diseases. It is easily the leading institution of its kind in the South and there is no better anywhere in

the country. Dr. Hodges is surrounded with every necessary equipment, associates and nurses that are of the very best, and with these environments it is easy for us to see many of the reasons why he has made such a great success.

The Inter-Hospital Medical Conference of Virginia, composed of the superintendents and physicians of the Virginia State Hospitals and the Epileptic Medical Colonies, held its second semi-annual meeting in Petersburg, Va., July 20th and 21st, at the Central State Hospital. The visitors were the guests of Dr. Drewrey, the superintendent of that magnificent institution. All of the hospitals in Virginia were represented by their superintendents and by the members of the medical staff. The first paper read at the meeting was by Dr. De Larnette, of the Western Station Hospital. The title of his paper was "Some of the Causes and Phases of Insanity." Dr. Henry, first assistant of the Central State Hospital, read a most interesting paper on certain types of mental disease and defects, including memory lapses. This paper, as well as the one read by Dr. De Larnette, gave rise to full and interesting discussion. Dr. Drewrey, who is so favorably known throughout this Southern country in his special line of work, read a paper bearing on the prevention of insanity. It was well received. The paper on "Alcoholic Insanity," by Dr. Hawkins was of great value and much appreciated. This new organization has as its purpose the creation and fostering among the medical officials of the State institutions for the insane, epileptic and feeble minded a co-operative and scientific spirit, with the view of maintaining the highest medical standard and proficiency and producing the most satisfactory results in the care and treatment of patients; and to study mental diseases, epilepsy and deficiency and their causes and the best means of prevention and treatment. The next meeting of the conference or association will be held at the Western State Hospital at Staunton, Va. The date of the meeting will be subsequently announced.

Surgeon-General Blue, who was recently elected president of the American Medical Association, is a North Carolinian. His many friends and relatives in this section of the country feel proud and honored that such a very high compliment should come to one of her distinguished sons. To be elected president of the American Medical Association is

the greatest compliment that can go to any member of the medical profession in the United States. Possibly the writer may be excused if he says by way of comparison that to be president of this great scientific body of men easily places him at the head of all professional gentlemen in this country, and possibly those who speak the English language. General Blue was born in Richmond County, North Carolina, in 1868. He graduated at the University of Maryland in 1892. He was commissioned Surgeon-General by President Taft January 13, 1912. This appointment was won by noteworthy and meritorious service especially evidenced in the suppression and eradication of bubonic plague in 1907. This work brought him instantly into such prominence that his fitness for the position of Surgeon-General could not but be recognized. A few years ago Dr. Blue spent some time in Europe studying preventive medicine as practiced there, and in 1910 graduated from the London School of Tropical Medicine. In May of the same year he was detailed to represent the P. H. and M. H. S. at the congress on Medicine and Hygiene at Buenos Aires and while there took advantage of the opportunity to study possible routes by which plague and yellow fever might be brought into the United States from South America. Dr. Blue is a delightful companion. He is wonderfully gifted in conversation, well informed, delightful to listen to and his personality and style are unusually attractive.

The Medical Examining Board of South Carolina made its annual report July 7th at Columbia, S. C. The following passed their examinations satisfactorily and secured their license:

Anne Austin, Cross Hill; B. H. Baggett, Berlin; O. C. Bennett, Charleston; S. C. Black, Spartanburg; L. W. Boggs, Pendleton; J. L. Bryson, Winnsboro; M. S. Fender, Branchville; G. I. Heidt, Jr., Charleston; C. C. Horton, Pendleton; J. L. Hydrick, Spartanburg; H. L. Izlar, Orangeburg; L. I. LaRoche, Charleston; J. G. Lowry, Lowryville; L. M. McMillan, Mullins; T. H. Martin, McPhersonville; D. N. Matheson, Longtown; C. J. Miller, Cottageville; M. R. Mobley, Columbia; M. T. Moore, Honea Path; G. K. Nelson, Gaston; W. T. Pace, Sumter; Johnston Peoples, Estill; J. C. Pepper, Easley; W. L. Pressly, Due West; J. J. Ravene, Charleston; T. B. Reeves, Greenville; L. C. Sanders, Anderson; W. C. Sandy, Columbia; W. E. Simpson, Rich-

burg; J. G. Smith, Williston; J. G. Stanley, Loris; L. N. Todd, Augusta, Ga.; J. C. von Lehe, Walterboro; A. C. Watson, Mt. Carmel; A. S. Weekley, Ulmers; B. F. Wyman, Aiken.

The board of medical examiners consists of Harry H. Wyman, M. D., of Aiken, chairman; A. Earle Boozer, M. D., of Columbia, secretary; J. T. Taylor, M. D., of Adams Run; John Lyon, M. D., of Greenwood; H. L. Shaw, M. D., of Fountain Inn; E. W. Pressly, M. D., of Clover; A. Moultrie Brailsford, M. D., of Mullins; J. C. Watson, M. D., of Columbia.

The Sullivan County Medical Society of Virginia held its regular monthly meeting July 6th at Elizabethton, Va. The meeting was largely attended. More physicians were present than any time since the organization of the society. Much pleasure was added to the meeting by the several social features given such as automobile rides, smokers, entertaining speeches, etc.

Dr. C. S. Fleenor, of Holston Valley, was president and he presided with ease and dignity. Among some of those present from Bristol were Drs. Rogers, Vance, Peters, Bachman, Booher, Cowan, Delaney, Keebler, W. S. Wiley and Kernan; from Elizabethton, Drs. Hunter and Campbell; Dr. Vaught, of Maryland; Dr. McDowell, of Blountville; Dr. J. L. Butler, of Mountain City; Dr. Stout, of Butler; Dr. Collins, of Hunter; Dr. W. A. Miller, of Bristol; Dr. S. E. Reynolds, of Elizabethton; Dr. D. B. Ensor, of Carter; Dr. S. B. Wood, of Roan Mountain; Dr. Rube Razor, of Hunter; Dr. Wallace, of Watauga, and Dr. T. B. Ensor, of the International Health Commission, were present as visitors, several of whom submitted applications for membership in the society.

The papers read that attracted the most attention were those by Dr. W. R. Rogers on "Fractures," and Dr. N. S. Peters on "Experiences in X-Ray Work." Dr. G. E. Campbell, after a smoker in the evening conducted a very interesting clinic for the society. The clinic was spoken of as a very attractive feature of the evening.

We have received a manuscript entitled, "The Climate of Reno, Nevada, for the Treatment of Tuberculosis," from Dr. John Roy Williams, of Reno, Nevada. The Doctor left Hendersonville, N. C., for the West about a couple of years ago on account of his health. He writes that he has greatly improved and is able to

do an active and profitable practice. Dr. Williams is a thoroughly competent young professional gentleman with an attractive personality and we predict for him in his new field a great success.

The State Board of Medical Examiners for Virginia has made its report for the annual examinations that were recently held in Richmond. This report was made public July 23rd by Dr. J. W. Barney, secretary of the Board. The following is the list of those who passed their examinations successfully:

Anderson, James Brent, Roseland.
 Arbuckle, L. Davis, Richmond.
 Barnett, Thomas N., Richmond.
 Bell, Annie W., Wilburn.
 Blackwell, R. V., Kenbridge.
 Bocock, Edgar A., Richmond.
 Botts, George W., Appalachia.
 Braswell, James C., Richmond.
 Brugh, Benjamin F., Troutville.
 Burger, James S., Farmville.
 Childress, Calvin H., Richmond.
 Corns, Edwin M., Gate City.
 Courtney, C. Byrd, Richmond.
 Cox, Eugene P., Wood.
 Davis, Richard B., Richmond.
 David, Paul, Roanoke.
 Doggett, B. A., Richmond.
 Doles, Hunter McGuire, Ivor.
 Dunnington, John M., Farmville.
 Emmett, John M., Richmond.
 Faris, Ralph S., Richmond.
 Fitchett, Marion S., Cape Charles.
 Fletcher, F. P., Jr., Richmond.
 Fowlkes, John W., Jr., Washington,
 D. C.
 Friedman, Louis, Berkley.
 Fulks, B. F., Lamsburg.
 Gale, R. Finley, Jr., Richmond.
 Giddings, Charles G., Jr., New York.
 Giel, S. G., Petersburg.
 Gordon, Archie E., University.
 Grant, David W., Richmond.
 Gregory, H. Lee, Chicago, Ill.
 Haden, Russell L., Crozet.
 Harper, Charles N., Trenton, N. J.
 Hayes, Henry J., Richmond.
 Hodes, Samuel M., Richmond.
 Hoskins, John H., Dunnsville.
 Irving, Charles R., Richmond.
 Jackson, Julian D., Richmond.
 Junkin, George G., Richmond.
 Karp, William, Richmond.
 Kellam, Fred L., Richmond.
 Kilby, Edward, Detroit, Mich.
 Lamb, Thomas Allen, Port Republic.
 Ligon, J. James, Lynchburg.
 Low, Alexander G., Welcome.
 Lyon, B. R., New York, N. Y.
 Martin, James A., Richmond.

Mason, Robert L., Bridgewater.
 Mauplin, Edward G., Portsmouth.
 Maxfield, George William, Bristol,
 Tenn.

McArthur, R. Benjamin, Malcolm, Ia.
 McChesney, William W., Abingdon.
 McCutcheon, R. H., Franklin.
 McGuire, John, Cedar Bluff.
 Mercer, Wallace, Richmond.
 Miller, E. B., Elkton.
 Moxley, J. C., Eunice, N. C.
 Naiman, Benjamin L., Baltimore, Md.
 Neel, Hugh W., Cass, W. Va.
 Otis, W. J., Richmond.
 Peake, R. H., Richmond.
 Ransome, C. Bernard, Richmond.
 Ratcliffe, Elton A., Eccles, W. Va.
 Rawlings, James E., Daytona, Fla.
 Reese, William A., Richmond.
 Rhudy, George G., Elk Creek.
 Rigg, Samuel B., Jersey City, N. J.
 Riggins, George S., Tabb.
 Riley, E. M., Hogs Store.
 Roane, Edward S., Richmond.
 Roberts, William H., Lynchburg.
 Saunders, A. W., Chicago, Ill.
 Schenck, George William, Norfolk.
 Schuller, F. X., Winchester.
 Sease, C. Iredel, Richmond.
 Shelburn, James T., Christianburg.
 Sherman, H. G., Chester, N. J.
 Shuler, J. A., Baileytown, Tenn.
 Smith, Samuel C., Bengie, Ky.
 Stallard, Samuel L., Roaring Fork.
 Staton, Lewis B., Richmond.
 Stonebarnes, Ralph W., Edinburg.
 Stonesifer, A. M., Limestone.
 Stringer, John Thomas, Portsmouth.
 Stringfellow, James L., Batna.
 Stubbs, L. E., Belroi.
 Supplee, E. D., City Point.
 Trower, William B., Richmond.
 Underhill, Charles D., Manakin.
 Vaden, Manville T., Richmond.
 Vaiden, John B., Jr., New Kent.
 Varn, William L., Walkerton.
 Vaughan, J. C., Richmond.
 Waters, Charles W., Jr., Crewe.
 Whitmore, O. M., Roanoke.
 Wilcox, Claibourne, Waltham, Mass.
 Wyssor, Frank L., Forge.
 Yohannan, Joash L., Richmond.

The commencement of the Medical College of South Carolina was held in Charleston, S. C., June 3, 1915, and a class of 25 graduated in medicine and eleven in pharmacy. Rev. Wm. Way opened the exercises with prayer.

Dr. Robt. T. Wilson, Dean, presided and delivered the diplomas.

The resignation of Dr. Jno. L. Dawson, Prof. Practice, was announced.

Dr. J. W. Babcock, Columbia, S. C., was elected Professor of Mental Diseases.

Dr. J. L. Dawson was elected Professor Emeritus of Medicine.

Mr. P. R. Bryan, Goldsboro, N. C., was elected instructor in Chemistry.

Dr. E. R. Bayard was elected to Chair of Urology.

Dr. R. M. Politzer was elected to the Chair of Paediatrics.

Mr. W. W. Ball, editor of The Columbia State, delivered the address which was an able plea for high ideals of professional life.

This was the second annual commencement of the medical college since its taking over and absorption as an integral portion of the State's educational system.

In addition to the handsome and commodious new buildings recently provided, the trustees announce additional facilities which will place the old school on a footing worthy of her honored traditions and befitting the record of former generations of students and alumni that numbered some of the ablest medical and surgical names of our fair Southland.

Professor W. W. Keen has established the Corinna Borden Keen Research Fellowship in the Jefferson Medical College, the income from which now amounts to \$1,000.00. The gift provides that the recipient of the Fellowship shall spend at least one year in Europe, America or elsewhere (wherever he can obtain the best facilities for research in the line of work he shall select, after consultation with the Faculty) and that he shall publish at least one paper embodying the results of his work as the "Corinna Borden Keen Research Fellow of the Jefferson Medical College." Applications stating the line of investigation which the candidate desires to follow, shall be forwarded to Dr. Ross V. Patterson, Sub-Dean, Jefferson Medical College, Philadelphia, Pa.

The seventeenth annual meeting of the American Proctologic Society was held at San Francisco, Cal., June 21 and 22, 1915. The President, Louis J. Krouse, M. D., Cincinnati, Ohio, in the chair.

Officers elected for the ensuing year are as follows:

President—T. Chittenden Hill, M. D., Boston, Mass.

Vice-President—Frank C. Ycomans, M. D., New York City, N. Y.

Secretary-Treasurer—Alfred J. Zobel, M. D., San Francisco, Cal.

Executive Council: T. Chittenden

Hill, M. D., Boston, Mass.; Louis J. Krouse, M. D., Cincinnati, Ohio; Geo. B. Evans, M. D., Dayton, Ohio; Alfred J. Zobel, M. D., San Francisco, Cal.

The place of meeting for 1916 will be Detroit, Mich. Exact date and headquarters will be announced later.

The following were elected Associate Fellows of the Society: P. Milton Linthicum, M. D., 817 Park Ave., Baltimore, Md.; Wm. H. Stauffer, M. D., Humboldt Bldg., St. Louis, Mo.; Wells Teachnor, M. D., 187 E. State St., Columbus, Ohio.

Dr. Chas. T. Harper of Wilmington, N. C., died August 2nd after the second operation for appendicitis. The announcement of his death was a great surprise to his numerous friends throughout this Southern section of the country where he was so well known and where he was loved by so many hundreds of people both in and outside of the medical profession. Dr. Harper received his medical education at the University of Maryland graduating from that institution with very high honors in 1893. The same year he received his license to practice medicine in North Carolina at Raleigh and in 1904, eleven years later, he joined the North Carolina Medical Society at Raleigh. Immediately after he joined the State medical society he became well and favorably known in that organization. He was always genial and pleasant to everyone who knew him or came in contact with him. His personality was very attractive. He was easy to talk to and was quite entertaining, a fine conversationalist. He was the interesting center of every group of physicians in which he was found. In 1907 he was elected vice-president of the State society at Morehead City. On several occasions he has represented his county in the house of delegates at the State society meetings. He was on the nominating committee at Morehead City in 1907. In 1914 at the Raleigh meeting of the State society he was elected a member of the medical examining board. Ordinarily this is a great honor and it was especially so on that occasion because so many of the most prominent physicians in the State were nominated and ran for that high office. He joined the Tri-State Medical Society of the Carolinas and Virginia in 1907, and in 1914 at Wilmington he was elected vice-president of that association. During his term of office and especially at the Charleston meeting he was a great help to the president. At different times he

presided over the meetings and always with a dignity that attracted favorable notice and comment. As a member of the examining board he was considered one of the strongest men on it. His untimely death prevented him serving but one year. The questions that he presented to the class in Greensboro were appropriately and intelligently selected. On several occasions it was exhibited that Dr. Harper was a favorite member of the examining board. Several years ago he established a hospital in Wilmington. It accommodates about forty or fifty patients and no better equipped institution of its kind can be found in this section of the country. It is up to date in every respect and is always crowded with appreciative patients. He had the confidence of the medical profession in his own city. He was stronger at home than anywhere else. This fact is a great compliment to any professional man.

The automobile of Dr. Eugene B. Glenn, Asheville, N. C., was wrecked in a collision, the physician escaping unhurt. The same week Dr. D. W. C. Colby, Asheville, N. C., experienced an automobile accident the machine sustaining severe injuries, the physician minor bruises.

The recent epidemic of typhoid fever in Greensboro, N. C., is subsiding, and the investigation appears to indicate the source of infection for the larger part of the cases to have been a well containing numerous colon bacilli from which water was drawn to wash the vessels of a dairy farm supplying much of the city's milk.

Dr. A. Cheatham, the efficient Health Officer of Durham, N. C., reports 4263 vaccinations for typhoid fever. The county will shortly establish a laboratory for the assistance of the medical and sanitary work of the city and county.

The validity of the proposed half million dollar bond issue of Durham, N. C., for the betterment of its water system has been again affirmed by the courts.

A recent checking up of records in the North Carolina State Board of Health office showed that no less than 72,000 births are recorded without the name of the child being given. The Board has requested that practitioners make a special effort to impress parents with the importance of "having the name ready when the baby comes" that the vital

statistics records may be complete without entailing extra correspondence as at present little more than 10 per cent. of the certificates report the names of babies.

Dr. C. L. Duncan, Beaufort, N. C., a well known practitioner and President of the Carteret County, N. C., Medical Society has lately embarked in a rather unusual "side-line" to the practice of his profession. He has a diamond-back terrapin farm near the city established some three years since with the friendly cooperation of the United States government. He has 2,100 one year old terrapins and 180 two year olds, and in a few years it is expected the farm will furnish annually for market 10,000 terrapins at from \$20, to \$60, per dozen.

The Saturday Evening Post of the last week of July contained an article descriptive of life in the Belgian Red Cross Hospitals and the noble work of the nurses enlisted in the service. Among the attractive illustrations embellishing a most interesting story is one of a nurse assisting a wounded soldier. North Carolina friends of the brave and devoted women immediately recognized the nurse as Mrs. Mortimer Hancock, nee Madelon Battle, the accomplished daughter of Dr. S. Westray Battle, Asheville, N. C., for many years Surgeon General of the North Carolina National Guard and a former member of the North Carolina State Board of Health. Mrs. Hancock is also the wife of major Mortimer Hancock of the English forces now engaged in the forcing of the Dardanelles. When the war broke out Mrs. Hancock insisted on going to the front as nurse where she has bravely borne a heroic part for the past year.

The new St. Luke's Hospital at New Bern N. C., owned and controlled by Dr. R. DuVal Jones and Dr. J. F. Patterson, is now nearing completion and will be ready for occupancy in October. It is splendidly equipped and thoroughly modern in every respect.

The building, which was planned by architect B. H. Stephens of Wilmington N. C. is constructed of reinforced concrete, pressed brick and stone, and is absolutely fireproof and soundproof throughout; all windows on exposed sides of the building being made of metal. Beautifully situated on a corner, at the junction of two of New Bern's broadest streets, it combines the two desirable features of easy access from all parts of

the city, and freedom from the noise of traffic. The Hospital is four stories high, including the basement, and its longest diameter runs North and South, giving its interior the greatest possible amount of sunlight, and Southern exposure.

The main entrance, facing Broad St. on the South end of the building, is vestibuled, the vestibule being of Vermont marble with verd antique trimmings. A similar entrance faces George St. on the East, and the rear entrance is beneath a porte-cochere on the North end. Here the ambulance cases will be brought.

The basement of the Hospital contains the boiler room, the kitchen, pantry, nurses dining room, X-ray room, clinical and pathological laboratories, a dressing room for minor accident cases, and in the North end, two wards, with a bath suite. In the boiler room is an incinerator for the destruction of soiled dressings.

On the first floor, to the left of the main entrance, is a large reception room, the floor being of white tile, with marble wainscoting. Connecting with this room by an arch, supported by pilasters, is the business office of the Hospital also finished in white tiling. To the rear of this the vault for preservation of records is situated, and back of this an electric elevator. Passing Northward the Head-nurse's quarters are next, with bedroom and bath suite. Adjacent to this is a ward. On the opposite side of the corridor are the Doctors' private offices, and a ward and bath suite are back of these.

On the second floor are twelve private rooms, furnished with mahogany; the furnishings consisting of a wardrobe, dresser, bedside table and bed. A diet kitchen and two bath suites are also on the second floor.

On the third floor, facing the South, there is a large, airy and well lighted Solarium, containing fifteen window openings and furnished with Prairiegrass furniture and lighted with antique electrical fixtures. Extending Southward from the Solarium a large balcony furnishes outdoor recreation for convalescent patients. To the rear of the Solarium are five private rooms, and at the North end the operating room suite is located. No expense has been spared in making this complete in every detail. Besides the operating room, there is a sterilizing room, anesthetizing room, Doctors' showers and wash room and a

store room for dressings, all conveniently located.

The Hospital is heated by steam, and lighted with the Brasco electrical fixtures. All the plumbing fixtures are the most modern obtainable.

Particular attention has been paid to the ventilation and sanitation of the building, and everything has been done to the minutest detail to insure perfection as regards these matters. From each room, a ventilator extending to the roof, provides ample ventilation and renders the regulation of temperature an easy matter. In addition there are no angles or sharp corners anywhere in the building, the sanitary cove finish being used throughout. The most modern type of silent call system has been installed. Every room has individual telephonic connections.

The doors to all the rooms are of solid plank mahogany, wide enough for the easy passage of a single bed, and each door is fitted with glass knobs and nickel trimmings. Three thousand feet of white tiling have been used, all corridors, bath rooms, showers, wash rooms, operating room and sterilizing rooms being tiled. All other rooms have hardwood floors.

The owners have been fortunate in securing as Superintendent of the Hospital, Miss Mary J. McMulkin, R.N., a graduate of the Philadelphia Polyclinic Hospital. Miss McMulkin has been assistant Superintendent of the Knoxville General Hospital, Knoxville, Tenn., and has had a large and varied experience in the management and training of nurses. There are a few places now open at St. Lukes for undergraduate nurses of experience, and applications can be sent to the hospital direct.

When ready for occupancy in October, St. Lukes Hospital will represent an outlay of \$35,000 dollars, and is an institution of which both owners and city may well feel proud.

In another column of the Journal appears the advertisement of the Laboratory of Dr. Allen Bunce, of Atlanta, Ga. This laboratory is possibly the best known and best equipped plant of its kind in the South. The work done there is equal to that done in any of the largest cities. Dr. Bunce is especially suited to be at the head of such an enterprise as this. His training has been thorough and his experience has covered over a period of several years of extensive work. He is associate in charge of clinical

pathology at the Atlanta Medical College, pathologist to Georgia Baptist Hospital, pathologist to Grady Municipal Hospital and also the Davis-Fischer Sanatorium. All of these institutions are in Atlanta.

In another department of the *Journal* appears the advertisement of St. Andrew's Hospital of Suffolk, Va. This magnificent institution is owned and conducted by Dr. E. R. Hart. It was founded October, 1911. It has an appropriate training school for nurses and accommodates twenty-five patients. It has all of the modern conveniences that you will find in any up to date hospital such as therapeutic baths, X-ray equipment, pathological laboratories, and excellent and beautiful private rooms. Attached to it are wards for colored patients. The building is four stories high, brick construction with elevators and dumb waiter service. Suffolk is an ideal place for an up to date hospital like this. It has six railroads and also a steam boat line. Dr. Hart is one of the most prominent professional gentlemen in the eastern part of this state. He has been practicing medicine for fifteen years. His hospital enterprise we understand has been a great success.

BOOK NOTICES.

Paths of Glory. Impressions of War Written At and Near the Front. By Irvin S. Cobb, Author of "Back Home," "Europe Revised," etc. New York: George H. Doran Company. Price \$1.50.

The articles in this volume were written as a series of first-hand impressions during the fall and early winter of 1914 while the author was on staff service for *The Saturday Evening Post* in the Western theatre of the European War. He has written of the war as he saw it at the time he saw it, or immediately afterward, while the memory of what he had seen was still fresh and vivid in his mind.

His experiences and observations in Belgium, Germany, France and in England during the first three months of hostilities are very interesting, as well as instructive. It has been a pleasure to review this book.

The Chemical Examination of Water, Sewage, Foods and Other Substances. By J. E. Purvis, M.A., University

Lecturer in Chemistry and Physics as Applied to Hygiene and Public Health, and T. R. Hodgson, M.A., Public Analyst for the County Boroughs of Blackpool and Wallasey. Formerly of Christ's College, Cambridge. Cloth \$2.75 net. pp. 228. New York: Putnam's Sons, 1914.

On account of the steadily increasing importance of the study of public hygiene and the recognition on the part of doctors, teachers, and members of Public Health and Hygiene Committees that the *salus populi* must rest, in part at least, upon a scientific basis, the Syndics of the Cambridge University Press have decided to publish a series of volumes dealing with the various subjects connected with Public Health.

The books included in the Series present in a useful and handy form the knowledge now available in many branches of the subject. They are written by experts, and the authors are occupied, or have been occupied, either in investigations connected with the various themes or in their application and administration. They include the latest scientific and practical information offered in a manner which is not too technical.

The series will prove useful to the medical profession at home and abroad, to bacteriologists and laboratory students, to municipal engineers and architects, to medical officers of health and sanitary inspectors and to teachers and administrators.

Child Training. A System of Education for the Child Under School Age. By V. M. Hillyer, Head Master of Calvert School. New York: The Century Co., 1915.

This book sets forth a system of training for a child under school age and lays out a course of lessons and drills that can be given a class or an individual by either the trained or untrained teacher or parent. It may, perhaps, recall the principles of Comenius, Locke, and others but its practical applications are the result of many years' specializing in the education of young children.

It emphasizes Drill and the Formation of Habits, the Cultivation of Qualities and Development of Powers by Drill. It aims to produce children who will be more observant and attentive, with more originality, more initiative and sharper wits, who will think and act more quickly, be better informed and more accomplished, more skilful with their hands,

more courteous and considerate of others, and above all healthier animals.

The book will also have an effect upon the teacher or parent giving the course. It will instill in them habits and qualities similar to what they are teaching others or renew those obliterated by disuse and neglect.

Price \$1.60.

The International Medical Annual. A Year Book of Treatment and Practitioner's Index. By Thirty-two Contributors. 1915. Thirty-Third Year. New York: William Wood and Company. Price \$4.00 net.

This book of 760 pages is, as its title implies, an international medical annual, a year book of treatment and practitioner's index. This is the first volume of this annual that has come to this office for several years. When it stopped coming, we missed it a great deal. It gives us great pleasure to commend this splendid volume. It is well arranged and the illustrations are numerous, splendid, and appropriately illustrate the text which is also complete and nicely arranged. The architecture of the book is quite good. It could not be more attractive.

The articles on naval and military surgery and the description of personal experiences in the treatment of wounds in the section on surgery are very fine. They are of special value because they have been recently written and are up to date in every respect.

The reviewer has often remarked that the British people give the world more accurate and elaborate statistics about medical and surgical cases that they deal with than any other nation in the world. This volume confirms the correctness of my former statement.

The production of this volume has been difficult, of course, on account of the great wars that are going on all through the European countries. Yet the volume does not indicate any lack of attention or pains in its production. Even an indifferent examination of the book will show that it has received careful consideration from beginning to end. Each department of medicine and surgery is carefully considered and each item in these two principal departments has received the attention that is appropriate for a volume of this kind. It is useless for me to add that the book is valuable and should be in every medical library.

1914 Collected Papers of the Mayo Clinic, Rochester, Minn. Octavo of 814 pages, 349 illustrations. Philadelphia and

London: W. B., Saunders Company, 1915. Cloth \$5.50 net; Half Morocco \$7.00 net.

The increasing number of papers now being published from the Mayo Clinic has made it seem expedient to abstract for the present volume some of the articles the material of which has been partly covered, either in this or previous volumes. In some instances papers here presented are part of a series of studies which have appeared in earlier volumes or are to be continued later. Where papers have been thus grouped an effort has been made to abridge repetitions which were necessary when the subject was first presented. The editors hope that this method will serve to give a clearer conception of the relationship of researches on one subject by the same investigator as well as to reduce the size of the volume.

Many of the papers here collected have been read before various medical societies, and possibly all of them have been published in current medical literature. It has been suggested that the chief reason for publishing these volumes is to bring all of these papers together in a form that is more convenient for reference. The production of these volumes was found necessary on account of the very great demand for the various papers and manuscripts that had been published in the different medical journals and read before the different medical societies. It is a matter of convenience on the part of the Mayos that this volume was edited and published for general distribution. As the preface states, this volume was published to give a complete index catalog of reprints.

As has been stated, the volume contains 814 pages. The paper that it is printed on is the very finest high grade white enamel. The index is especially full and complete. It is intelligently and appropriately arranged. The reviewer has never had the pleasure of examining a volume in which the illustrations were finer and more numerous containing as it has been said, about 349 illustrations. To the untrained mind the cost and trouble to produce this number of illustrations, gotten up in this style, is simply enormous. No surgeon can afford to be without these papers arranged for the convenience of the surgeon.

Alveolodental Pyorrhea. By Charles C. Bass, M.D., Professor of Experimental Medicine and Foster M. Johns, M.D., Instructor in the Laboratories of Clinical Medicine at the Tulane Uni-

versity Medical College, New Orleans, La. Octavo volume of 167 pages, with 12 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth \$2.50 net.

The role of *Endamoeba buccalis* as the specific cause of pyorrhoea alveolaris, or Rigg's disease, has very recently been recognized. It happens, as it seldom has happened before in the history of medicine, that whenever the specific cause of the disease is found a specific remedy against the parasite was already known.

This infection and disease is so widespread until it is practically universal and is the cause of more than fifty per cent, of all of the teeth that are lost from any cause. The slow insipient nature of the disease results from its presence not usually being suspected until considerable irreparable damage has been done and often not until many teeth are practically lost.

The most successful treatment of the disease will naturally depend, as in other diseases, largely upon a knowledge of the specific cause of the disease, manner in which this agent produces the disease process and finally upon a knowledge of the manner in which the specific treatment acts upon the causative agents.

The object of this book is to present the subject in a simple concise way in the light of recent information. Former theories and ideas as to the cause and treatment are left out altogether. The author has made no attempt to include a review of literature on the subject except as it may seem essential in presenting the present view.

While diseases involving the teeth are always of especial interest to the dentist, Rigg's disease with its long drawn out suppurating process in the mouth, the possible absorption of many forms of infection and toxic substances and the harm that may come from not being able to properly masticate the food, is of especial interest to the physician. Possibly the book was mainly intended for the dentist but unquestionably it is of more value to the physician than to the dentist. It is written in a comparatively nontechnical style which makes the book of value to the laity as well as to the technically trained.

In the architecture of the book, the writer was very clever in the thought of summarizing essential points at the end of each chapter. Writers of medical books the last few years have fully realized the importance of appropriate illustrations. The author of this book

has not lost sight of this fact and the forty-two illustrations scattered throughout the book certainly add a great deal to the value of each chapter making the text much more clear and easy to understand. The index seems to be quite complete. The paper is heavy, white finish, and the half tone cuts are beautifully reproduced on it. The price of the book is \$2.50 and it gives us pleasure to recommend it to our readers.

Diarrheal, Inflammatory, Obstructive, and Parasitic Diseases of The Gastro-Intestinal Tract. By Samuel G. Gant, M.D., LL.D., Professor of Diseases of the Colon, Sigmoid Flexure, Rectum, and Anus at the New York Post-Graduate Medical School and Hospital. Octavo of 604 pages, 181 illustrations. Philadelphia and London: W. B. Saunders Company, 1915 Cloth \$6.00 net; Half Morocco \$7.50 net.

The reviewer has always made it a habit to read everything that Dr. Gant writes and when in New York always hears him lecture at the Post-Graduate if possible. Consequently it is with unusual pleasure that I comment on this book of his.

His book entitled, Constipation and Intestinal Obstruction was so well received that it encouraged him to write this volume entitled, Diarrheal, Inflammatory, Obstructive, and Parasitic Diseases of The Gastro-Intestinal Tract. Dr. Gant's main idea in the preparation of this volume has been to present to students and practitioners a complete yet practical treatise covering the etiology, pathology, symptoms, diagnosis and treatment of acute and chronic diarrhea and allied affections as well as diseases dependent upon gastro-intestinal parasites.

To free the book of useless material and make it convenient in size and easily comprehensible, the author's discussions have been as brief as justice to the subject would permit, and technical terms, confusing nomenclature, profuse histologic data, complicated laboratory methods of examination, prolonged discussion of mooted points, wearying statistic tables, and obsolete views have been omitted. He has also endeavored to arrange the subjects in a logical and convenient form, so that the busy practitioner or student may quickly refer to whatever he desires relative to diarrheal and parasitic affections.

Many times the author has desired information concerning certain phases of diarrhea and has been unable to find it

except by culling an enormous amount of current literature, which required considerable time and labor, and repeated experiences of this kind helped to convince him that a volume which would cover diarrhea in all its phases would prove useful alike to the internist, pediatricist, and surgeon. He has also been asked many times by physicians why he was devoting so much time and space to Diarrhea, a generally recognized and easily controllable manifestation. In reply he would say that through the frequent questioning of students and practitioners with whom he has come in contact while lecturing in different cities and teaching at the New York Post-Graduate Medical School and Hospital, and at the University and Womans' Medical Colleges, the author has become convinced that physicians generally do not understand the various types of diarrhea, the modern methods of differentiating them, nor the beneficial results which follow their treatment by directly irrigating the lesions responsible for the loose movements or by surgical measures; and further, that a more comprehensive knowledge relative to diarrheal, inflammatory, and parasitic diseases of the intestine in all their phases is desirable.

On account of the very great interest manifested concerning tropical and parasitic diseases at home and in our colonies, and the numerous discoveries recently made pertaining to their etiology, symptoms, diagnosis, and treatment, Dr. Gant has fully discussed the relation of Parasitic Diseases to Diarrhea.

It is with genuine pleasure that we recommend this book.

The Tuberculosis Nurse. Her Function and Her Qualifications. A Handbook for Practical Workers in the Tuberculosis Campaign. By Ellen N. LaMotte, R.N., Graduate of Johns Hopkins Hospital; Former Nurse-in-Chief of the Tuberculosis Division, Health Department of Baltimore. Introduction by Louis Hamman, M.D., Physician in Charge Phipps Tuberculosis Dispensary, Johns Hopkins University. G. P. Putnam's Sons, New York and London, 1915. Price \$1.50 net.

The author of this most excellent book has been engaged in special tuberculosis work for a long time, first in the work of the Baltimore Visiting Nurse Association as a nurse and later as organizer of the Tuberculosis Division of the Baltimore Health Department. Entering the

field in the pioneer days of 1905 she has seen the work pass through the struggling stage of a private undertaking into the well organized, automatic groove of machinery. This continuity of service has been an experience of unique value. While the author has gathered the most of the material that she has used in the preparation of this book in Baltimore, she has gathered many valuable thoughts and methods from other sections of the country. Her suggestions concerning Baltimore and the conditions there are common to all cities and towns.

As stated above the author got her experience in a visiting nurses' association and in part of a city health department. It enables her to give fine advice to nurses working under private associations and to nurses doing this kind of work. Therefore in presenting this book to the public, to nurses, physicians, social workers, anti-tuberculosis associations, and all those engaged in this work, the author had two objects in view. First to offer a working model by which any community can gain some idea as to how to organize and conduct tuberculosis work and second to offer conclusions gained through practical experience as to the nurse's part in the anti-tuberculosis campaign. The author correctly states that the object of the anti-tuberculosis campaign is the eradication of tuberculosis. She further states appropriately that our experience has been to prove that the simplest and most direct method of controlling this disease is through the voluntary segregation of the distributor, and that to remove the patient from an environment where he is dangerous to one where he is harmless is the function of the public health nurse. In her attractive style she says that the chief and foremost duty is along the line just mentioned.

The book contains 292 pages. The architecture of it is quite attractive. The paper used is suitable. The index is full and complete and the reviewer has not for some time examined a book that has impressed him more favorably. Anyone who is interested in medical literature of this kind should certainly read it.

Transactions of The American Pediatric Society. Twenty-Sixth Session. Held At the Red Lion Inn, Stockbridge, Mass. May 26, 27 and 28, 1914. Edited by Linnaeus Edford La Fetra, M.D. Volume XXVI.

We always look forward with a great deal of interest to the coming of our annual volume of Transactions of the

American Pediatric Society. With only one or two exceptions we have this series complete. They make up a set of books that are invaluable to the physician who takes an interest in this important branch of medicine. There is no subject that appeals more or should appeal more to physicians than this. Possibly one-third of all sickness and disease is met with in children under ten years of age.

The book contains 362 pages. The illustrations are not very numerous but the few that appear are quite appropriate and beautifully gotten up. When men like Jacobi, Osler and Holt contribute to a volume of this kind, we at once give it our favorable attention.

The last meeting was held at Stockbridge, Mass., under the presidency of Dr. S. M. Hamill of Philadelphia. The editor, Dr. La Fetra, deserves our congratulation. He has done his work well.

The Clinics of John B. Murphy, M.D., Mercy Hospital, Chicago, June 1915. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Price per year \$8.00.

This volume while not quite so large as some that have preceded it has a great deal of matter that is indeed very valuable. The volume is properly bound and has the general appearance or style of a large medical journal. It has been our custom, and we have no inclination now to make a change, to recommend the volume very highly.

The Medical Clinics of Chicago, July, 1915. Volume I—Number 1. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

We have just received the Medical Clinics of Chicago. This is the first of the series that will appear every other month. The price will be \$8.00 per year paper binding. This volume contains 298 pages. The publishers have secured the clinics of some of the best clinical teachers of Chicago in every department of internal medicine, including Neurology, Pediatrics, X-ray Therapy, etc. The publishers hope, and the reviewer feels sure that they will be able to give the medical profession in each volume a series of cases representing all branches of internal medicine which will be word photographs of the actual up-to-date management of each case described in its important phases by the attending physician. We predict for this series of books a very successful future. The first volume is very interesting and

the table of contents very complete.

Operative Gynecology. By Harry Sturgeon Crossen, M.D., F.A.C.S., Associate in Gynecology, Washington University Medical School, and Associate Gynecologist to the Barnes Hospital; Gynecologist to St. Luke's Hospital, Missouri Baptist Sanitarium and St. Louis Mullanphy Hospital; Fellow of the American Gynecological Society and of the American Association of Obstetricians and Gynecologists. Seven Hundred and Seventy Original Illustrations. St. Louis: C. V. Mosby Company, 1915. Price \$7.50.

This volume that has just been received is unquestionably one of the most valuable and attractive books that has ever reached this office. It has, as stated on its title page, seven hundred and seventy illustrations. Consequently it contains more beautiful illustrations than any volume that has ever been published in this country that touches upon surgical subjects alone.

The book contains six hundred and seventy pages and is fully and thoroughly indexed. The paper on which the illustrations and text are printed is heavy, highly polished white enamel, the most expensive that can be bought. The artistic work displayed in these illustrations is remarkably well executed. They show the accomplished touch of the photographer etc., through the hands of the engraver and the printer until they appear in the volume so complete and so beautiful.

The book is devoted exclusively to operative treatment. Dr. Crossen's endeavor has been to present this fully in all its bearings—the technique of the various operations, the difficulties likely to be encountered, the indications for operating in the various diseases and the selection of the exact form of operative procedure best suited to the particular case. The author deemed it necessary to exclude all extraneous material such as operations on adjacent organs and the details of the general surgical technique.

Dr. Crossen thinks, and we agree with him, that the time is ripe for a systematic investigation of the various operative procedures of the treatment of each gynecological lesion. Gynecologic surgery is entering a new stage of development. The past may be designated the period of invention of methods. To such an extent has this been carried that for the treatment of urinary displacements alone more than one hundred operative

procedures have been devised. The new stage of development, the writer says, may be designated as the period of adoption of operative methods to the exact pathological conditions present in the individual patient. This period of development according to Dr. Crossen is as important as the preceding one, perhaps more so when considered from the standpoint of lasting benefit to the patient.

The reviewer has a decided inclination to add several paragraphs to this description of the book but what has already been said will be sufficient to induce those of the medical profession who are interested in this line of work to examine the book for themselves. It is the best book of the kind that has ever been received in this office.

Miscellaneous.

The Scientific Treatment of Abdominal Ptois.

The importance of abdominal support is being appreciated today as never before. A relaxed and sagging abdominal wall is no longer considered a harmless sequence of advancing years, a simple sign of over-indulgence and lack of proper exercise. To the contrary, it is known to be a real pathologic condition attended by actual tissue changes and derangements of the local circulation that have a far reaching influence on the whole body. More than this the effect on the nerves, those of the splanchnic area particularly, is such that a host of reflex ills may be expected sooner or later.

Fortunately, intelligent study of abdominal support has shown ways of successfully counter-acting the effects of weakening of the abdominal muscles, and in this connection due recognition must be given to the work of Dr. Katherine L. Storm of Philadelphia. Dr. Storm was a pioneer in the scientific investigation of weakened and relaxed abdominal muscles, and the consequences therefrom. Dr. Storm's Abdominal Binder was the logical outcome of these studies and the way the profession have adopted this binder points conclusively to the prompt appreciation of its practical utility. Abdominal belts and supports have been devised in endless array, but until the Storm Binder became available, constriction and compression were usually mistaken for true upward support. As a result the average abdominal belt was not

only an instrument of torment, but nearly if not quite valueless for the purposes for which it was intended. With the Storm Binder all these evils have been corrected and instead of mere compression there is afforded a true uplift, with the lines of support upward and backward as they should be. Thus the Storm Binder easily performs the service required of it, and so comfortably at all times that the wearer after a few hours, becomes unconscious of its presence. So efficient and uniformly beneficial has it proven that it has placed the treatment of abdominal sagging or ptosis on a new and scientific foundation. The Storm Binder, therefore, deserves the hearty support of medical men since it represents progress in a needed direction and assures the proper and comfortable attainment of the results sought.

ad-7-16

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ad-6-16

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bercuclosis, asthma, laryngitis and catarrhal diseases in general—readily accounts for its widespread use by the profession in this class of ailments.

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Of the Food and Drink that is supplied to the human body a certain part is employed to maintain its proper functions. The remainder is thrown off as waste product.

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The presence of Uric Acid is frequently indicated by a reddish deposit in the Urine, and to its presence is largely due such ailments as Rheumatism, Gout, Gravel, Constipation, Eczema, Asthma, Headache, Cramps, Sciatic etc., each being an indication of the centralization of

Uric Acid in some part or tissue of the body.

Elimination. The natural course for relief from these conditions is the prompt administration of a remedy which will dissolve the excess Uric Acid deposited in the body and causes it to be carried off through the proper channels.

For this purpose URISAL is especially adopted, as it stimulates the liver and intestinal glands increases the fluidity of the stools, acts on the kidneys and bowels and portal system, and completely eliminates all deposits of excess Uric Acid. Irving Company, Station E. Balto., Md., will be glad to supply samples on request.

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Convalescence.

The secret of prompt recovery from many a serious illness will be found in the prompt institution of tonic treatment. The resulting uplift is often all that is needed to enable the body to reestablish a nutritional balance and develop adequate resistance.

Thus, after the acute diseases, such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations like appendicitis, intestinal ailments, utero-ovarian ailments and so on, the return to health often hinges on the thought and care given to restorative treatment. If a reconstructive like Gray's, Glycerine Tonic Comp. is used, the result is rarely if ever in doubt. Unlike many remedies used to promote convalescence, Gray's does not whip up weakened forces. On the contrary, it aids and reinforces them by increasing the power and capacity of physiologic processes throughout the body. Thus the appetite is improved, digestive and absorptive functions are activated and the resulting improvement in cellular nutrition insures a notable gain in vitality and strength. Weakness and debility vanish as vitality and strength appear. This tells why "Gray's" is so useful and effective after the acute diseases.

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Varicose Ulcers.

Every practitioner of experience has come across them, those exasperating, non-healing, inflamed legs, for which legions of remedies have been recommended. When another suggestion is added the writer wishes to state that he has just treated three cases successfully by the method described here.

The first requisite is the allaying of the

pain, and this is done by painting the ulcer with a 10 per cent. cocaine solution followed by dusting with iodoform or airoil. To the surrounding eczematous skin the following should be applied: R. Sander's Eucalyptol, $\frac{1}{2}$ dr.; Ung. Zinci Oxidi, 1 oz. The proportion of Sander's Eucalyptol should be gradually increased until 2 dr. to 1 oz. of zinc ointment is used. As soon as it can be borne the

ulcer itself should be painted with the pure Sander Eucalyptol. This should be allowed to evaporate and followed by dusting with iodoform or aïrol. Sander's Eucalyptol disinfects and stimulates epithelization, whilst the iodoform or aïrol gives the necessary freedom from pain. Wherever the inflammation is not too intense a quicker result can be obtained by painting the surrounding inflamed skin with the pure Sander Eucalyptol and following with the zinc ointment. Rest in bed is necessary in all bad cases, and in inflamed parts should be covered with linen (not lint) over which sufficient wool is placed and a bandage loosely applied.

It is essential to specify Sander's Eucalyptol, as intense aggravation of the inflammatory condition has followed the application of unspecified eucalyptus products. In the Supreme Court of Victoria, Australia, a sworn witness testified that the ulcer from which he was suffering was made much worse by such an irritating product, whilst the application of the genuine Sander Eucalyptol brought about a cure. Such testimony is not to be lightly rejected when the physician has his reputation and the welfare of his patient at stake.

ad-10-15

Where the War Money Came From.

Assuming the wealth of the countries at war to be \$100,000,000,000, we find that the cost of war for a year, relative to national wealth, is as follows: For Great Britain, 4 per cent.; Germany, 3.75 per cent.; France, 5.60 per cent.; Russia, 7 per cent.; Austria, 8 per cent.; and Italy, after a year from May 23, 6 per cent.

It has been said that considerable part of the first year's cost of the war has been financed from liquid funds or reserves immediately available. For instance, in most of the countries, except Great Britain, savings-bank deposits have been largely drawn on for subscriptions to war loans. Taking the figures quoted on the cost of the war to the different belligerents we find that this cost has exceeded total savings in trustee and postal savings banks by these sums: Great Britain, \$1,800,000,000; France, \$1,800,000,000; Russia, \$2,000,000,000, and Italy, \$350,000,000, based on a full year of war. Austria-Hungary's savings cover the cost, while Germany shows a surplus of \$1,800,000,000 available in savings banks after the sum total of her two loans is subtracted.

The financial resources of Great Britain, however, are not represented in her savings banks. At the end of 1911 the deposits in the joint-stock banks of the United Kingdom and in the Bank of England together amounted to \$5,750,000,000. Obviously these represented the business of the country, or the funds on which commerce depended. But, when the July loan came to be analyzed, it was found that \$2,850,000,000 of it had been subscribed through the Bank of England, the average subscription being over \$5000, while the response through the post-office was \$15,000,000, with an average subscription of about \$130. No such amount has ever been put into a national loan at one time before, and in this operation another evidence of the record-breaking proportions of all aspects of the war has been given.—From "The Cost of a Year of War," by Charles F. Spence, in the American Review of Reviews for August.

The Pallid School Girl.

In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general break down of both health and spirits. Each winter the physician is consulted in such cases and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suitable for young girls because it never induces or increases constipation.

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OLO is a petroleum product in the highest degree of refinement ever attained. Absolutely tasteless, colorless, and odorless as distilled water. This has only been made possible by recently improved methods of re-refinement, used exclusively in this preparation. That it may have a little characteristic taste, a slight flavor of cinnamon is added. It is not absorbed in the stomach or intestines, every drop passing from the bowels just as it was swallowed. It cannot be decomposed or changed by anything with which it may come in contact in the stomach or bowels. It simply lubricates and soothes, by the latter healing irritated mucous surfaces. It also inhibits fermentation and putrescence by smearing the individual bacteria and so preventing their ability to take in air or nourishment—their life necessities. Possessing these qualities, the great medicinal value of OLO is at once indicated. There is probably no condition and no dose in which it can cause ill effect. As a lubricant, it renders the stomach and intestinal contents slippery, and so prevents too long retention of stomach contents before passing into the bowel. With the bowel contents intimately intermingled with a little of this oil, a reduced power of peristalsis (forward wave motion of the bowel) will be made sufficient to carry the contents onward through the bowel with comfort, ease, and proper speed, thus overcoming constipation in the most ideal way. By this means all strong and irritating cathartics can be avoided, and the normal power of the bowel gradually regained. By its emollient and bacteria-destroying properties, all irritations and inflammations within the intestinal canal may be treated most agreeably and successfully. It is the most ideal remedy for correcting the constipation of infants of any age—from one day on. When salol is dissolved in OLO (by gentle heat) and administered, and the oil reclaimed after passing through the bowel, it will be found to contain the separated constituents of salol—phenol and salicylic acid—and some salol. Thus these effective antiseptics may be presented to the entire intestinal tract, including the rectum. Intestinal ulceration in any part from typhoid or other cause may be thus reached and successfully treated. Although seemingly incongruous, OLO is most effective in curing both constipation and diarrhoea by reason of its peculiar properties as here stated.

The usual dose is from half a teaspoon-

ful for young infants, to one or two table-spoonfuls for adults, from one to several times a day, as may be found required for relief of condition treated. It may be given alone or with a little water, coffee, grape-juice, wine or other palatable associate, according to fancy. ad-9-15

There are a few specific medicines. Thyroids is one of them. To get Thyroid effects, however, reliable Thyroids should be employed. The physicians should insure his patient and himself by demanding Armour's when prescribing Thyroids. Armour's Thyroid products are made from selected fresh material. The glands are carefully dried at a low temperature. The powder is analyzed and made to run uniformly 0.2 per cent of iodine in thyroid combination. Physicians interested in the standardization of thyroids should write to Armour and Company for reprint of Articles by Seidell of the Hygienic Laboratory and Fenger of the Armour Laboratory, who worked in conjunction. Armour and Company supply Thyroids in powder, 2-grain, 1-grain $\frac{1}{4}$ -grain Tablets. ad-9-15

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The reason many persons complain of that "tired" feeling is to be found in a deficiency of blood elements. With the blood stream thin the tissues do not receive a normal supply of nourishment and muscular energy is quickly dissipated—wherefore the tired condition. It is in just such a state that the nourishing properties of Cord. Ext. 01. Morrhuæ Comp. (Hagee) exert their maximum effects. It furnishes nutriment to the tissues, and that is the prime need in honestly tired people. ad-8-15

Chronic Catarrhal Diseases.

Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable but for permanent results efforts must be directed toward promoting general functional activity throughout the body, and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying results that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastro-intestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected since they are brought about through restoring the physiologic balance of the whole organism. ad-8-15

For a Generation.

A generation of medical men have subjected Cord. Ext. 01. Morrhuæ Comp. (Hagee) to the most exacting clinical tests, and such tests show it to possess nutritive properties of a high order. In view of its added advantage of palatability it may well be said that Cord. Ext. 01. Morrhuæ Comp. (Hagee) is entitled to a front place among reconstructives. This latter feature adapts it par-

ticularly for administration to females and children.

Abstracts of Notes on Amoeba.

Findings:

1. Amoebæ, single celled organisms, may resemble any or all tissue cells, especially leucocytes. Differentiation is possible only by observation or re-actions to stains or chemicals while organisms are alive.

2. Amoebæ may break up for self-protection into microscopic virile detritus, each particle retaining its vitality will grow in suitable media, test tube or man.

3. Two or more amoebæ may unite to form a giant cell.

Dead amoebæ in dead tissue cannot be differentiated from modified tissue cells so are sometimes called wander cells, mast cells, misplaced tissue cells, cocci-dia, Russell bodies, giant cells, inflammatory detritus, etc.

Classes:

1. **Surface Amoebiasis:** Amoebæ and toxins not locally retained. We have infection for years with only slight symptoms until toxemia causes neurasthenia. Here we class pyorrhea, leucorrhea, gleet, trachoma, ozena. Impotency generally means intestinal amoebiasis.

2. **Mixed Infection with Amoebiasis.** This invades deeper tissues and we have eczema, acne, ulcers, abscess, endometritis, dysentery, nephritis, cystitis, chronic bronchitis. This is often the etiology of asthma, and at times simulates tuberculosis of syphilis of lungs, as it is seldom accompanied by high temperature. Amoebic orchitis like X-ray excess causes sterility without impotency.

3. **Amoebiasis Confined in Deep Tissue.** Modified, like syphilis, by tissues, pressure or toxins, it causes tumors of all varieties from benign granulomata, to the group called cancer.

Deductions:

1. Cancer is a symptom, not an entity.

2. The power of virile detritus to pass through normal tissue, explains metastasis or even miliary cancer.

3. In operating on amoebic cancer, kill amoebæ first, to prevent diffusion.

Read at DeLand, Fla., May 13, 1915.

CHARLES G. ROEHR, M. D.

More Light on Ipecac Medication.

The discovery that the alkaloids of ipecac possess marked amebicidal properties and are curative in two very prevalent diseases namely, pyorrhea alveolaris and amebic dysentery caused a greatly

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increased demand for the drug and a consequent doubling and even trebling of the price. Previous to this discovery ipecac was used in a moderate way by physicians for the most part as syrup of ipecac or as Dover's powders.

It has been shown that cephaeline, one of the ipecac alkaloids, possesses twice the emetic strength of the other alkaloid, emetine and that this latter principle is stronger than cephaeline as an amebicide. As a result of this syrup of cephaeline, a new pharmaceutical product, has been placed on the market by Eli Lilly & Company of Indianapolis and is said to be replacing the old syrup of ipecac which was decidedly nasty tasting and disagreeable for children to take.

The other alkaloid of ipecac, emetine, is now used almost entirely for subcutaneous injection and is supplied for this purpose either in tablets or in sterile solution in ampoules. Eli Lilly and Company are authority for the statement that the greatest demand for this product comes from dentists who seem to prefer the half percent. solution in 2cc ampoules; this solution being used locally in the pyorrheal pockets about the teeth.

Perhaps the greatest field for ipecac and one in which both physicians and dentists are greatly interested is the internal administration of ipecac for its systemic affects in treating pyorrhea and amebic dysentery. The oral administration of the drug is made possible by a form of hydrated aluminum silicate combined with the ipecac alkaloids in the form of an absorption compound. The alkaloids are liberated only in the alkaline intestinal secretions and thus all nausea is avoided.

These tablets are manufactured by Eli Lilly & Company and they represent the most practical and successful method of giving ipecac orally. This treatment will be preferred by patients to the painful procedure of hypodermatic injection, and the tablets will be found far more convenient for the busy physician and equally as certain in their therapeutic results. Literature will be supplied on request to Eli Lilly & Company.

Coagulen Ciba. — (Kausch, in *The Deutsche Medizinische Wochenschrift*)

For six months I have been using the Coagulen discovered by Th. Kocher and A. Fonio, and manufactured by The Society of Chemical Industry in Basle—Coagulen Ciba.

With the exception of Fonio's experience, that of Obermueller in Rhinology,

and a short mention by Colmers, nothing has so far been published regarding Coagulen Ciba.

I took up the use of Coagulen without any previously formed opinions—up to the present, I have used it in about 300 operations, and consider myself now competent to form a correct judgment of the article itself and its mode of application. For this reason, I wish to make known the results of my experience.

(A description of Coagulen, its properties, uses, etc., is furnished by the descriptive circulars of the manufacturers.)

Fonio recommended, as a rule, the application of Coagulen solution in surgery by means of a spray. He advises tamponage only in very bloody operations, such as trepanning, bone operations or where a large bleeding surface is exposed. As for myself, spraying disturbs me in carrying out the operation. After trying several ways, I concluded the most advisable procedure to be the following:

I keep constantly in a suitable porcelain vessel, half a dozen ordinary muslin swabs. These are first saturated with a Coagulen solution, and then pretty well pressed out mechanically. Alongside I keep a glass vessel filled with the solution. During the operation I use clamps unsparingly on the more profusely bleeding vessels. When using Coagulen, however, fewer are needed. Large arteries and very large veins I ligate at once, to make sure of picking them up again. If the clamps are not in the way, I leave them until towards the end of the operation.

After making everything ready in this way, I wipe the surface with one of the Coagulen swabs. If a place continues to bleed, diffusely, I lay over it a swab with compression.

I then operate at another place or change my gloves (one of my habits). After a little while the compression swab is carefully removed, or rather rolled back, by catching hold of one corner.

According to my experience, this does not destroy the clot that has formed.

If bleeding continues, I repeat the operation.

When possible, I still use a Deschamps needle as formerly, but from time to time pour a Coagulen solution over the wound.

At the end of the operation I remove the clamps, and if I find a vessel continues bleeding, I ligate it.

I am very well satisfied with the action of Coagulen during an operation, and am firmly convinced that it is a first

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class hemostatic. It greatly reduces the number of ligatures required, saves the loss of much blood, insures a better view of the operating field, and shortens the time required for operating.

I lay special stress on operations which are known by experience to cause much bleeding and to require many ligatures, such as the resection of the Basedow Struma, the Sacral Rectum extirpations, radical operation of the mammae, etc. In a very extended laminectomy, I only required one ligature and no drawing the wound edges together with stitches (umstechung). The operation was carried out with unusually little bleeding. In trepanation, especially in opening the occipital bone, the bleeding is much less than formerly.

I carried out an operation on the hypophysis without any ligatures or stitching (umstechung). The same with a suprapubic prostate operation and a patella operation.

Coagulen proved very useful in the Thiersch method of transplantation.

In beginning the use of Coagulen, I always ligated the arteries. Gradually, I grew bolder, and only clamped them, applying Coagulen at the same time. After a little while I removed the clamps, and the arteries did not bleed. There was not even secondary hemorrhage. Finally, I ligated only large arteries such, for instance, as the epigastric.

I have the decided impression that the hemorrhage from arteries merely clamped and not ligated is much less where Coagulen is used than without it. I can't explain why, unless it be that the Coagulen gets under the clamps to the walls of the blood vessel.

If the artery were large and hard to reach, being, for instance, deep seated, I sometimes even omitted ligature. I compressed firmly with a Coagulen swab, and nearly always stopped the hemorrhage.

In not a single instance have I ever observed any injurious result from Coagulen. The surface of the wound is not changed in any manner. Grafts heal just as well on a surface treated with Coagulen as on untreated surfaces, and that is certainly a standard by which to judge injuriousness to the wound. Resulting secondary hemorrhage I never met with. I never observed infections traceable to Coagulen.

In the beginning I always made bacteriological examinations of the solution. If the solution be kept in a carefully stoppered glass flask, it probably re-

mains all right during the same day, but on the following begins to be no longer certainly sterile. Fonio observed that wounds when treated with Coagulen suppurated less and healed quicker. I would not care to express myself definitely on this point today, but I do not have the impression that this was true in the cases treated by myself.

I have used Coagulen in other cases besides actual operations. For instance, I have bandaged secondary hemorrhages with Coagulen and obtained the best results.

I will describe only three cases:

I. The first was a case of deep-seated inflammation of the neck, and I treated it, as I often do, by making two small incisions and inserting, with the forceps, two rubber drains. Eight days later, after the drains had already been changed and shortened, an unusually strong arterial hemorrhage set in suddenly under the bandage. The bandage was changed, when bright red arterial blood spurled from the wound. It was tamponed with Coagulen gauze. Inasmuch as hemorrhage again commenced, I united the two small incisions by a third, with the intention of ligating the bleeding artery. The spurting was so violent as to make it clear that it was the external maxillary artery close to its union with the external carotid.

I failed to get hold of it for ligature, and hesitated as to whether I should not ligate the carotid, but concluded to make one more attempt to treat the now wide open wound with Coagulen by means of a tampon. The bleeding stopped. I used a tampon with Coagulen afterwards at every change of the bandage, although no further bleeding took place at all.

II. The second case was a violent inflammation of the tendons of the forearm, with extended ulceration reaching to the elbow. I made multiple incisions and 14 days later repeated secondary hemorrhages from the forearm took place.

My first thought was to unite the two incisions and ligate the artery, which was not a matter of indifference. I desisted from the idea, and used Coagulen tampons instead. I sprayed a Coagulen solution into the two incisions, which communicated with each other internally, and in which the rubber drains lay; closed the lower one and pressed gauze, impregnated with Coagulen, not very deeply, around the drains. The hemorrhage stopped stanchd by Coagulen tampons.

III. The third case was a secondary

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Correspondence and referred cases solicited.

J. W. WILLIAMS, M. D.

401 E. Franklin Street, Richmond, Va.

hemorrhage, occurring three weeks after an operation for Pancreatitis from the two incisions, leading to the pancreas from above and below the colon. The bleeding was promptly stanchd by COAGULEN tampons.

Strong hemorrhages from gangrenous portio-carcinomas I have not only stopped temporarily but permanently with Coagulen. I obtained the best results in nose bleeding by using Coagulen before and behind the nasal openings.

Coagulen can also be used intravenously and internally. A patient may be given freely to drink a 5 or 10 per cent. solution of Coagulen in quantities of 50 to 100 c.c.m. and more. I promise myself good results in hemorrhages from the throat and esophagus after my ex-

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perience with Coagulen in other parts of the body.

I cannot say definitely in the cases of stomach hemorrhage, where I administered Coagulen, whether that stopped the bleeding or whether it ceased of itself. It would seem that the digestive action of the stomach on Coagulen would lessen its effects on wounds in the bowels. I can also not conceive how Coagulen, administered internally, could affect hemorrhages outside of the alimentary canal. I have used Coagulen intravenously in about ten cases. I can assert positively that it causes no ill effects and no tendency to thrombosis or embolism, either at the point of injection or in the distant veins.

I have the impression that it is more difficult to ascertain the good effect of Coagulen when injected intravenously than when used in operations. Anyhow, my experience with this method is too limited as yet. I used it intravenously in cases with a tendency to hemorrhage (great anaemia) in Metrorrhagia, Haematoecia, Hamatemesis. So far, I have had no opportunity to try it in Hemophilia, where I would use it in large doses, both intravenously and locally.

I have not yet used Coagulen subcutaneously, because the intravenous injections are well borne and seem to me better.

As compared with other hemostatics at our command, Coagulen may be termed physiological. We know today with certainty that the blood platelets play an essential role in the process of coagulation of the blood. The renal hemostatics act by contracting the blood vessels, whether applied locally or intravenously. In the latter method, it must be remembered that the increased blood pressure is neither desirable nor a matter of indifference. It is frequently followed by secondary hemorrhages.

Other preparations, such as ferric chloride, are caustic and, therefore, not used, at least, in operations. I have used much Penghawar-Jambi, a brown plant fibre, in the form of a bolus, wrapped in gauze, but its use is, therefore, very limited.

According to my experience, Coagulen is far superior in effectiveness to all these products, and I think we can congratulate ourselves that, in Coagulen, Kocher and Fonio have placed in our hands a harmless but good physiological hemostatic.

The Hay Fever Problem.

This is the time of year when the services of the physician are actively de-

manded by the victim of vasomotor rhinitis—a season dreaded not alone by the patient, but, not uncommonly, by his medical adviser as well. Particularly is this true of the latter if he has not kept abreast of modern ideas on the therapy of hay fever. In any event the disease is one that tries the patience and calls for the application of remedial agents that have been proved beyond peradventure. Happily there are a number of such agents from which the physician can choose—products that have passed the experimental stage and demonstrated their serviceability. We refer in this connection to some members of the Adrenalin family—Adrenalin Chloride Solution, Adrenalin Inhalant, Anesthone Cream, Anesthone Inhalant. These products, in all of which the isolated active principle of the suprarenal gland (Adrenalin) is an active constituent, have rendered long, efficient service in the treatment of hay fever, and one feels no hesitancy in heartily commending them.

Adrenalin Chloride Solution, which is perhaps more widely used than any other preparation in the treatment of hay fever, is sprayed into the nasal chambers and pharynx by means of a hand atomizer adapted for aqueous liquids, or it may be applied on a pledget of cotton. For the former purpose it is advisable to dilute the solution as marketed (1:1000) by the addition of four to five times its volume of physiologic salt solution.

Adrenalin Inhalant, which is a solution, in an aromatized neutral oil base, of the suprarenal active principle, is well adapted for vaporization and inhalation from an oil atomizer. Used as an adjunct to Adrenalin Chloride Solution, or independently, it gives good results, parts not accessible to other medication being readily reached by the medicated vapor. It should be diluted by the addition of three to four times its volume of olive oil.

Anesthone Cream was devised by Dr. J. E. Alberts, of The Hague, Holland. It contains Adrenalin and a harmless local anesthetic (para-amido-ethyl-benzoate), incorporated in a neutral ointment base, and is applied to the inside of the nostrils four or more times a day, the patient snuffing it well up after each application, the quantity required being in size about that of an ordinary pea. It affords a relief which continues for hours in many cases, a fact worth remembering when one considers the fleeting effect of most local anesthetics.

Anesthone Inhalant contains the same active ingredients as Anesthone Cream, but the proportion of Adrenalin is dou-

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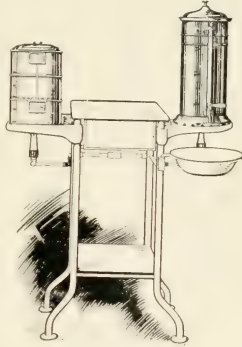
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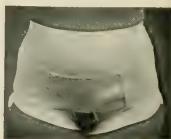
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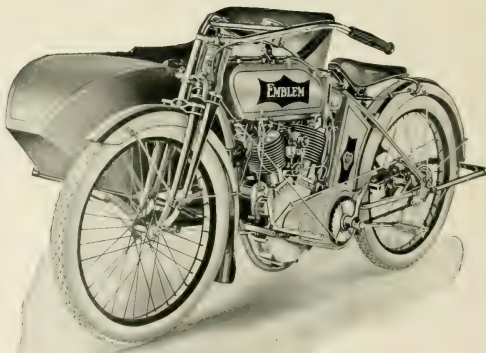
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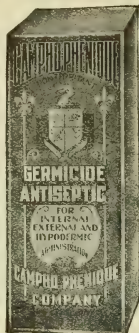
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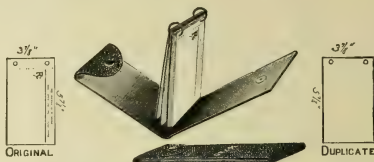


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WATSON S. RANKIN, M. D., RALEIGH, N. C.

The Charlotte Medical Journal

VOL. LXXII

CHARLOTTE, N. C., SEPTEMBER, 1915.

No. 3

DR. WATSON SMITH RANKIN

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

For the past five years Dr. Watson Smith Rankin has been secretary and treasurer of the North Carolina State Board of Health at Raleigh, N. C., which office he has very acceptably filled, being made competent by many years of study and practical training under skilled and experienced teachers.

The foundation of his medical career was begun at the North Carolina Medical College, Davidson, N. C., at the age of eighteen. Four years later he was graduated from the University of Maryland, passing the State Board the same year—1901.

Upon his graduation, he became resident physician of the University of Maryland Maternity Hospital, which practice he had for six months. In the fall of 1901 he entered Hopkins Medical School, specializing on bacteriology and pathology, and in the following June he accepted the position of resident pathologist at the University of Maryland, which position he held until June, 1902. This position was the source of much experience and knowledge, which are doubtless the main springs of his ability and usefulness thus early in life.

For a short time he gave his attention to general practice and temporarily located at Jacksonville, N. C., but his taste for a specialty, however, soon displaced his desire for general practice and when the flattering offer of the chair of pathology in the Medical Department of Wake Forest College was offered him, he very willingly accepted. That this step was a success is proved by the fact that the faculty of the college recognizing in Dr. Rankin the man for the place made him dean of the Medical Department, which position he resigned to accept his present one—that of Secretary and Treasurer of the North Carolina State Board of Health, entering upon his official duties July 1, 1909.

Though leading a strenuous life, Dr. Rankin has found time to contribute many articles on public health to bulletins. He has also been active in the organs of his profession, having been Chairman of Section on Vital Statistics, a member of American Public Health Association, member of Council of

Health and Public Instructors A. M. A., member of Hygienic Reference Board of the Life Extension Institute, Chairman of Committee on Public Health, Southern Sociologist Congress, Secretary of the North Carolina Conference for Social Service and member of the Board of Directors of the Medical Association for the Study and Prevention of Tuberculosis.

Dr. Rankin was born in Mooresville, N. C., January 18, 1879. His father is John Alexander Rankin and his mother was Minnie McCorkle Rankin; his wife was Miss Elva Margaret Dickson.

With his manifold duties Dr. Rankin has realized that there is no success that leaves God out and for many years was a practical Christian without being connected with any church. In 1908 he united himself with the Baptist Church of his town.

In the onward march it is fitting that Dr. Rankin should have his place in the foremost ranks.

REMARKS ON CLINICAL APPENDICEAL DIAGNOSIS.

By James M. Parrott, M. D., Kinston, N. C.

If, during my discussion, I shall depart from some of the usual teachings or shall draw deductions at variance with commonly accepted ideas, permit me to state in the very beginning that I do so knowing with forethought if not "with malice".

My confidence in the correctness of any statement which I shall make is founded on a study of over nearly a thousand cases, the greatest majority of them being operative ones, presenting almost every conceivable phase of this much talked of, and I am almost persuaded, frequently misunderstood disease.

While appendicitis usually is easy to diagnose it is often difficult and sometimes impossible to do so. Let it be understood that I am sure it is a surgical disease and is to be treated surgically. I am certain that, except in certain conditions, between the third and fifth day of an attack, it should be operated upon promptly and that the so-called "expectant" treatment is really the "ex-

*Read before Lenoir County Medical Society, March 9, 1915.

pectans mortem" (Murphy) treatment. If this view is correct and the experience of thousands of other workers bear out the conclusion of the writer that "operate quickly" is by far the safest course to pursue, then we should endeavor to make prompt diagnosis and urge prompt operation.

A classical case is easily recognized. Scan the picture. The patient is taken rather suddenly and presents five cardinal symptoms, pain, muscular rigidity, nausea, vomiting and fever; to these should be added leukocytosis, appearing in the order named. Nothing else you say but appendicitis, of course, but do you always find every one of these? Yes! But do you always recognize each and in order? No! The pain may be slight or when seen entirely absent if the appendix has become gangrenous. A gangrenous appendix before peritonitis is not painful. Nausea may be easily ascribed to something else. The patient may have vomited food and it is quite a temptation to say "Eaten something which has disagreed with you." If in severe pain when seen we can easily stumble and fall over a supposed attack of renal colic and especially so if a history of previous attacks of renal colic is obtained. The fever can be ascribed to other diseases and if the physician is not "on the job" the case becomes a confused one and an otherwise simple condition, by psychological perversion, becomes complicated, muddled and erroneously diagnosed disease.

Let us study the symptoms. Appendicitis is often mistaken for other diseases and *vica versa* and hence a detailed study of the manifestations will repay us. What are the cardinal symptoms? Pain, muscular rigidity, nausea, vomiting and fever.

In estimating the value of pain as a diagnostic point one must keep in mind several facts. For example it may be very severe or very mild; it may be located at McBurney's point or at a distance. Sometimes it radiates to the inguinal region or upward toward the gall-bladder, occasionally to the left iliac region or in my experience rather often backward and upward toward the kidney (this is especially apt to be the case should the appendix be located retrocaecally.) There is one feature of appendiceal pain which is almost characteristic and that is, it almost always begins as a general abdominal pain and after a short time locates itself of course nearly always in the right iliac region.

The recollection of this fact will frequently serve to aid in differentiating from renal or hepatic colic. In discussing pain first a word of warning should be uttered, and that is that a gangrenous appendix is not painful and that a second seige of pain following a duration more or less in extent of freedom from it, is due to beginning peritonitis. This observation applies as forceful if not more so to pain elicited by palpation.

It must be ever kept in mind that not all the abdominal pain is due to appendicitis or renal or hepatic colic or illius. Pain from constipation is more than five times as frequent as from appendicitis, and diarrhea and enteritis cause it much more often than an inflamed appendix. I am persuaded that the great majority of cases so-called chronic appendicitis, Lanes Kinks, mobile caecum etc. are really cases of constipation or enteritis, or many unoffending appendices are removed when laxatives, correct diet and proper exercise would have affected a restoration of health. The pain from duodenal ulcer is more frequently taken for that due to appendicitis than many casual observers think. This possibility must always be kept in mind.

The sudden appearance of pain in the right iliac fossa in women liable to pregnancy must be carefully studied lest the physician is facing a ruptured extopic gestation.

Stone in the kidney or ureter is sometimes diagnosed appendicitis. The reflected pain under these circumstances turns the trick.

Muscular rigidity appears quickly. While always present to a more or less degree it is sometimes so slight that it is to be detected only by careful comparative palpation. In the interval between the appearance of gangrene of the appendix and beginning peritonitis it may be entirely absent. Except in this interval, rigidity is of much value if skillfully obtained in differentiating appendicitis from the colics.

Nausea and vomiting frequently, in fact generally, do not differ from that noticed in attacks of hepatic or renal colic or at times from duodenal ulcer. With either of the colics or ulcer the nausea is not so pronounced as is generally though not always the case in appendicitis, and vomiting in appendicitis is usually more prolonged and severe.

The most frequent error chargeable to nausea and vomiting is made when differentiating from acute indigestion. The greatest assistant in this difficulty is

rendered by the other symptoms and often the leukocyte count. If the legs be more or less flexed on the abdomen when the patient is seen and when extended the abdominal pain is increased the chances are that the attack is not acute indigestion but of an inflammatory nature, probably appendicitis. This probability is increased if the patient voluntarily assumes a dorsal position. Every case of acute indigestion presenting pain on a parity, or more decided, with the nausea and vomiting should be scrutinized with more than usual care. Many, many cases of appendicitis have been diagnosed acute indigestion and gone in to an almost, if not quite a fatal termination.

Fever is always present at sometime during every attack of appendicitis. It may be present only a few days and then very low but nevertheless it is there. A gangrenous appendix before peritonitis frequently causes no fever and if in the presence of such a condition the physician should conclude that there is no appendiceal trouble because of no elevation of temperature he would commit a serious and quite often a fatal blunder. In this connection I desire to emphasize the fact that often when confronted with a case of suspected appendicitis when no fever exists at the time of examination a leukocyte count will greatly aid in making a diagnosis.

In my experience the diseases which may be mistaken for appendicitis are as numerous as the various pathological conditions found in the abdomen and many of those of the thorax. On the other hand I have seen many cases diagnosed as appendicitis, and I may say to be perfectly honest I have done so myself, which were not appendicitis. This affection has gotten to be the diagnostic scapegoat of the abdomen. The fact that we cannot always know exactly what is going on in the abdomen should not make us pessimistic as to diagnostic value and on the other hand just because we diagnose many cases correctly as appendicitis we should not become so over confident of our ability to rightly diagnose as to make us careless in studying a case.

In conclusion I will say that while appendicitis is usually easily detected, quite frequently it is very difficult to do so, that its cardinal symptoms should be borne in mind in order that a careful diagnosis may be made for each and every case; that while the cardinal symptoms are, of course, very valuable as aids in diagnosis, due weight should be given

the case history and other signs and symptoms such as accompany other pathological conditions, that appendicitis should be diagnosed as quickly as possible and promptly, very promptly operated; that early operation is desirable not only because it offers the safest method of handling the case but that it also assures more satisfactory results by giving quicker recovery and less frequent post operative complications.

PREVENTION OF INSANITY BY THE PROPER TREATMENT OF WHISKEY AND DRUG HABITUÉS.

By Albert Anderson, M. D., Raleigh, N. C.

We have a large crop of people so naturally endowed and so nurtured by the effects of whiskey and drugs that we must recognize the problem of heredity and solve it in every possible way if we expect to eradicate or modify these avoidable causes of insanity.

Our parents and grandparents were reared at a time when it was the polite custom universally observed to treat their friends with the delicious mint julep in their homes and vic with each other in hospitality in the bar room. These customs have produced a large per cent. of our hospital population today through heredity. These customs in the south are no longer in vogue and their decay seems to be spreading with astonishing rapidity not only in this country but wherever full efficiency must be had in service of war or peace. Whiskey, or its equivalent, and opium, or its equivalent, are done to the death over night, as may be illustrated in Russia and China. After their total abolition it will take generations to remove the last vestige of this hereditary cause of insanity but after one generation its good effects will be pronounced as proven in those states which have had prohibition for a generation.

The patients admitted to our hospital from the use or abuse of alcohol are drunkards who get well or return to an apparent normal condition when they get sober. This class of patients from the direct influence of whiskey are few compared to these types of insanity whose drinking is only an expression of a psychopathic constitution that finally develops into dementia præcox, manic-depressive insanity, epilepsy, the feeble minded, etc. The free use of whiskey of

*Read before the recent Greensboro meeting of the North Carolina Medical Association.

former generations has produced a generation with a weakened nervous system, whose nervous constitution is so frail that it succumbs to the slightest strain brought about by disappointment, hard work, worry, insomnia, and of the strenuous life of modern society and business competition.

For the treatment of the whiskey class who cannot be controlled outside of an institution, I understand the Belgium plan is feasible and works well. It is this: The chronic alcoholics are colonized and made to support not only themselves but another class of dependents; namely, the pauper tubercular class. This segregation will prevent offspring with inherited natures for the above diseases and at the same time afford a living for the indigent tubercular.

Sterilization or the prevention of marriage will be hard to enforce until that educational day shall come when all the people will know what only the Alienists now know; namely, that whiskey drinking produces a condition in parents that transmits psychopathic natures or traits in children we find among our epileptics, feeble minded and various types of insanity. When these traits are inherited whatever is done to prevent must be done during the early years, a period over which ignorance has ruled in the home, in the school and in society. These delinquents must be found early to eradicate or modify these congenital tendencies during the formative period of early childhood.

Enough has been determined to lead us to find these children in families whose parents beget offspring naturally endowed with qualities which science teaches us to expect. Every seed brings forth its kind but it is possible to change every type by education and this is our only hope. What has been said of whiskey drinkers can be largely affirmed of drug habitues. The habit itself indicates in a large majority of cases a defective psychopathic constitution and unless discovered in early childhood and educated with the knowledge of eradicating and modifying these traits of nature they will grow to be misfits in homes, schools or society life. When they have grown to years of physical maturity and have the freedom as well as the responsibility of citizenship they will run into excesses or an irregular life,—drinking, taking drugs and giving free rein to their passions.

They are incapable of adjusting themselves to the demands of business, to

social requirements or to a moral life. This class must be controlled for the safety of themselves and society.

The eugenic department of the New Jersey State Village for Epileptics, at Skillman, gives seven hundred and sixty cases histories of epileptics whose heredity has been traced. Four hundred and fourteen of these cases show alcoholism in their ancestry. In two hundred and forty-seven of these cases the alcoholism was in one or both parents. General practitioners should now note the fact that opium habitues begin the habit by taking morphine to relieve periodic pains of neuralgia, tabes, dysmenorrhoea, rheumatism, etc., or the mental depression incident to worry, loss of position, grief and the like. A great many cases are unfortunately traced to the carelessness of physicians in prescribing the drug, and as if in retribution the medical men furnish the largest quota of the sufferers (fifteen per cent.)

As the underlying cause of the majority of our hospital drug cases is a neuropathic diathesis, isolation is all the more important than the whiskey drinkers in an institution for a long time, not only for eliminating the effects of the drug but doing as much as possible in correcting the diathesis by building up the physical health and reeducating the mental and moral faculties.

Cocaine users are increasing rapidly. The drug is frequently tried as a substitute for morphine. It is also frequently used in dentistry, surgery, throat trouble and patent medicines. From these sources a knowledge of its analgesic effects is obtained and its use is becoming more or less general. Isolation is necessary for these patients. The prognosis if withdrawn is good but relapses are pretty apt to occur.

In a paper of this kind I can only mention a list of drugs in every day use that may produce mental disturbance from the effects of habituation; namely, chloral, cannabis indica, somnol, sulfonal, paraldehyde, ether, chloroform, aspirin, antipyrine, phenacetin, trional, chloralamid, iodoform, belladonna, hyoscyamus, salicylic acid, quinine, the preparations of lead, arsenic, and mercury, and the bromides. Permit me to quote Dr. Willaim A. White, of the Government Hospital for the Insane in Washington, D. C., on the possibilities of these common drugs in producing a psychosis. "It should be realized that many of these drugs are drugs in common use and that unless the possibilities of their producing

a psychosis are borne in mind such an accident may arise as the result of large doses or even of moderate doses in especially susceptible persons. It is just such cases as these together with the cases that arise as the result of taking several drugs, analgesics and hypnotics, that one meets and finds that no suspicion has arisen as to the true cause of the trouble. Attention has recently been called to the frequency of bromide delirium (O'Malley and Franz, Casamajor). Casamajor has called particular attention to the frequency with which bromide delirium is produced in the treatment of alcoholism.

The character of the delirium in these cases may be described as dream-like. The content of the delirious experiences reminds us of delirium tremens, while the tendency to confabulation reminds one of Korsakoff's psychosis. The patients are not usually apprehensive and restless as in delirium tremens, but more composed and may be dull and stupid, though there are not infrequently outbreaks of violence dependent upon paranoid experiences. The following extracts from cases will illustrate these points:

The patient, a woman, thirty-six, had been taking morphine hypodermically and bromides, chloral and hyoscine hydrobromate. On admission she sees men in rubber garb who stay in the water and look at her constantly. She also sees the King and Queen, bugs and snakes, and bull-dogs with huge open mouths. Says the King and Queen congratulated her when she picked up the broken glass at F's on Ninth Street. She hears bull-dogs scream and answers imaginary voices. Electricity is played on her by Dr. B and she feels snakes which crawl about her neck. Says there are men who throw green powder about her room.

Another patient, woman, at thirty-eight, had been taking antirheumatic treatment with aspirin to relieve pain and later morphine and hyoscin. She related the following delirious experience that occurred just before admission:

"I believed that a party of us were going down in the country on a picnic and that a cavalry regiment had been ordered out. When we got started, we found that whole regiment of Indians and negroes were following us. We went to the place in the country where I was born and brought up, and there we found a hospital which was to be used for caring for us until the negroes and Indians were allowed to kill us. The patients in the

hospital were all in little beds just like at Providence, but were all sitting up. The doors were locked so that we could not get out, but I could hear the negroes and Indians talking about killing us. They decided to divide the party up and take us to their different camps. They also talked of blowing the hospital up with dynamite. They talked of setting fire to a hay stack that was situated near my mother's home. I heard them preparing fuse which was to be used in exploding the dynamite. I was dreadfully afraid all the time I was at Providence hospital and felt that I was among enemies. I thought the nurses were trying to do the best they could for me, but that they were in the employ of the Indians and negroes."

Another patient, female, thirty-seven, took "bromo-quinine" for two weeks when she developed a delirium. The following is the substance of a letter she wrote while suffering from the delirious experiences. "Just go there, I cannot talk, I am under a terrible spell, I do not know what it is, but it is the most wonderful experience I ever had. I am hypo, I am hypnotized. I may be in a trance for three months. Do not for God's sake, bury me alive—Molly. Keep me out of the grave for four or five months. It will be all right. You will hear some things that will surprise you. Ben, go in that room for God's sake, there is a man in there, he scares everybody dumb, I cannot talk, but for God's sake, break down that door. Take Jack, he has got a good strong arm, break that door down. That poor man is suffering, I saw him do something terrible, and it awed me so I am half paralyzed. For God's sake, break that door down, hurry up."

In a case of bromide delirium (reported by O'Malley and Franz) the patient had taken on an average 300 grains of bromide daily for fifteen days. Her case illustrates well the "dream-like" character of the hallucinatory and delusional experiences. She was disoriented on admission. Three days later said she had spent the night in the city, with a large crowd of men and women, that her husband was dead and that she had seen his body buried. The next day, asked where she had been the night before, said, "I was over to the gipsy camp; I went over in northeast Washington and saw them kill my husband—smash his head; his brother, who is a sculptor, made a form of his head; I saw it; he will be buried tomorrow." A few minutes later her husband visited her. She told him she

thought he was dead, took him to task severely for putting her in the hospital and being unkind to her, but throughout the visit insisted that he had been killed. Six days after admission she still had visual hallucinations—saw cats and rabbits; thought some of the women patients were men, thought she had to walk on cats' heads when she left her bed and that the physicians were watching her from the register plate in her room. Later she complained that she was "spirited away every night by some influence."

In the treatment of these cases the principal thing is, of course, the removal of the drug, though often the underlying condition, for which the drug was taken—pain, insomnia, must then be treated. It must be borne in mind that it may take several weeks for the patient to clear up after all drugs are discontinued.

DIAGNOSIS OF INCIPIENT TUBERCULOSIS BY THE GENERAL PRACTITIONER.

By Chas. O'H. Laughinghouse, M. D., Greenville, N. C.

Public sentiment in North Carolina has the right to draw a bill of indictment against the patient, the family, or some physician for every case of tuberculosis which is permitted to progress beyond the incipient stage, undetected, and unreported to the State Bureaux of Tuberculosis. Some will say this is an indictment against the Medical Profession. It is an indictment, based on evidence, that in the fiscal years 1914-1915 there were 5,000 deaths from tuberculosis in North Carolina, and there are today 15,000 to 20,000 cases within the confines of the state.

I realize that the diagnosis of incipient tuberculosis is no easy task; that a broad knowledge of incipient disease in general is essential to its successful undertaking. I realize too, that until the profession meets this responsibility, with credit to itself, that the fight against this dread disease has not even begun. Educational, Sociological and Preventive Medicine may spread information abroad in the land ever so wisely, and ever so well; but, the satisfying assurance of the Medical Man—his "go along my friend, you are just a bit run down"—will take from the ammunition used in the fight against Tuberculosis everything, except the big noise and the blinding smoke.

We general practitioners cannot hope to perfect ourselves in the art of percussion and auscultation sufficiently to ascertain from its practice that information which comes to him who does his work exclusively; but, if our training along this line is not such as to give us the ability to gain from it whatever information it contains, we can send our patient to an internist who will give us a report as to his findings. We send our abdominal cases to a surgeon for an exploratory incision without hesitation,—it is to our credit that we do it; yet, we dally with a probable incipient tuberculosis, leaving it to go from day to day, knowing that it is a question of now or never so far as our patient and his immediate associates are concerned.

Lanes Kinks, gastric ulcers and the like, when opened for a diagnosis and relief, by surgical means, present a more drastic picture than a painstaking effort at diagnosis, which reveals an incipient tuberculosis, but I take the position that the successful detection of tuberculosis in its incipency does more to prolong life, promote efficiency and lessen the State's death rate.

We do not wait for jaundice in cholelithiasis, or hemorrhage in gastric ulcer before making our diagnosis and relieving, or having our patient relieved by surgical means, even though these diseases rarely cause death and are not catching; then why should we wait until we find tubercle bacilli in the sputum, before making our diagnosis of incipient tuberculosis? I am a strong friend of the State Laboratory of Hygiene. It does a tremendous service. It is managed by most capable men, but I am positive in the conviction that it has proven more of a stumbling block than a stepping stone in the prevention of tuberculosis. Not through any fault of its own, but because too many of us fail to give expression to, or act upon our diagnosis until we can confirm it by laboratory findings. Radiology, microscopical and chest findings are useful—very useful in the hands of an expert, but the general practitioner cannot hope to be benefited by them in the diagnosis of incipient tuberculosis, except, in so far as to accept their aids as they come to him translated by those specially prepared to interpret their language.

Dr. Richard Cabbott makes the statement that not 10 per cent. of the physicians in the United States can make a diagnosis of incipient tuberculosis. If this be true—why is it true? Is it be-

*Read at the recent Greensboro meeting of the North Carolina Medical Society.

cause we lack a knowledge of incipient diseases sufficient to permit us to sift our cases, and determine which is tuberculosis and which is not? Or is it because we are unwilling to give the painstaking, time-taking and systematic attention to the undertaking that its importance demands.

I believe we can sift incipient disease from the mass of disease that comes to us at all times and under all circumstances, because the composite information obtained from a careful and prolonged study of an individual's history; temperature, physical examination and symptoms, backed up by the Tuberculin Test, will in most instances, put us in position to do so.

History.—The history should be exhaustively minute, because, from a general practitioner's standpoint, more can be gained from it than from the physical findings. A family history that is entirely negative means nothing pro or con, but a tubercular patient, brother, sister, relative or any person living in the house, gives grounds to suspect infection past or present.

A childhood history as to pleuresy, hydrothorax, marasmus grippe, frequent colds, sequels to measles, whooping cough and the like, if they reveal nothing else surely they give us an idea of the resistance and sequels to infectious diseases. A personal history should bring out as clearly as possible the associates in schools, office, store, factory or farm, for here it is that the 20,000 consumptives, now roaming around within our state, are passing the disease along to those who can receive it. A personal history will reveal illness, past or present, such as indigestion, malaria, grippe, pleuresy, etc. It goes into the habits a knowledge of which oftentimes is essential to correct conclusions. It gets information that can be obtained in no other way, as to appetite, sleep, "that tired feeling", cough, expectoration, loss of flesh, other diseases etc. So important is the personal history that we must not be content with what the patient sees fit to tell, but we must quiz, in such a way as not only to get the patient's interest, but, to suggest points from which useful data may be elicited. Any cause of ill health not definitely explained should at least arouse the suspicion of tuberculosis. On the other hand if a patient's condition of poor health has remained stationary for a long time, search should be made for some other etiological factors.

The possibility of a mixed infection

should always be borne in mind. I recall a patient of my own who died not many months ago with Tuberculosis, Hook-worm, Malaria and Gonorrhoea.

Temperature. Nothing is more important in the diagnosis of incipient tuberculosis than a study of the temperature. It should be recorded every two hours. The thermometer should be held in the mouth not less than five minutes, because a fraction of a degree means much. Fever may be absent, remittent or intermittent, but, if it is taken early in the morning, before getting out of bed, it is usually subnormal—rising and falling during the day in accordance with the patient's physical effort and physical rest.

Physical Signs.

Every physical sign found in incipient tuberculosis is produced by other conditions, and incipient tuberculosis may exist and give no demonstrable signs that inspection, palpation, percussion or auscultation can ascertain. It is an incipient disease, so we need not look for incipient signs. Slight deviations from the normal is all we can hope to get. Failure to realize this makes the attempt at diagnosis a failure.

Inspection.

Possibly a slight flush of the cheek, not constant enough to rely on; Cyanosis of the fingers; widely dilated pupils, or a whitish gray pallor, while not constant are, when present, very suggestive. A slight flattening above the clavicle and a slight dropping of the shoulder with some limitation of motion may be present.

Palpation has proven of no service in my hands other than to elicit enlarged cervical glands and a rapid pulse, both of which are important findings.

Percussion to one long and adequately trained is undoubtedly most useful, but it has proven useful to me only in these cases that have progressed beyond the incipient stage.

Auscultation is supposed to give evidence of the earliest abnormalities to be elicited by physical examination, though the general practitioner finds many cases in which this does not hold true. Any abnormality of the breath sounds is to be looked for—however; diminished breathing, roughened breathing, granular breathing, prolonged expiration and rales sometimes, not always, but often brought on by coughing.

The Tuberculin Test to my mind gives promise of doing more toward diagnosing incipient tuberculosis than all other methods combined. Certainly to

the general practitioner it commends itself strongly in that it is simple as to technique, harmless when properly used, all things being considered, and sufficiently accurate to at least put us in position to deny the existence of tuberculosis when the test is negative.

I have taken your time gentlemen, but with the discussion of a subject that is to North Carolina its most important subject. The battle against this scourge is in your hands, whatever has been done, whatever remains to do, depends almost, if not entirely, on your proficiency in making a diagnosis of this disease in its incipency.

SHOULD THE RELIGIOUS PRESS AID AND ABET IN SELLING PATENT MEDICINES AND OTHER NARCOTICS?

By J. T. J. Battle, M. D., Greensboro, N. C.

For the Medical Society of North Carolina to discuss the question as to whether or not the religious press of the state is keeping within, not its legal, but its moral right as to its advertising columns, is a question certainly out of the ordinary; and for it to be brought up at all is an intimation that it is taking money for something that is of no benefit to its readers and possibly harmful.

To be more specific, it is a matter of serious regret that so many denominational papers should continue to advertise nostrums of every description. This regret is intensified when it is realized that so many of the secular magazines have discontinued them, and many of these, such as Harper's Weekly, and Colliers, have started crusades against the sale of them.

When the secular magazines have to take the lead in a moral movement which is purely for the good of the people, and quite against the financial interests of the magazines, it is a reflection upon the religious periodicals, as the latter are expected to be in the front rank in every work whose object is the uplift of the citizenship of the state.

Every religious periodical in this state is owned very largely if not exclusively by ministers; if not owned, they are edited by them; and in the columns of too many of these papers are patent medicine advertisements which are misleading and which are doing much harm to the people who take them. The owners of

these papers know that this is the case; and not one of those editors or ministers connected with them would go in the pulpit or upon any platform and recommend publicly the taking of these nostrums, nor could they be bought at any price to recommend from the pulpit that they should be taken. Yet they are carrying these advertisements, and carrying them because of the money that is in them. In many many families in this state the religious paper is read more religiously than the Bible itself, and in the country where the daily paper is not taken every advertisement even is read. The editors undoubtedly want the people to believe what they have said along religious lines, and if the real truth was known they do not want them to believe what is said in their advertisements. This is what might be termed left-handed religion.

The columns of the religious papers are regarded by a great many people, who believe in the "old-time religion", as more or less sacred; and they read the advertisements without taking them even with a "grain of salt". Fakery are aware of this fact, and that is the reason they are willing to pay high advertising rates.

If the editors of the religious press realized that they are directly responsible for making dope fiends out of some of their subscribers, when their real object is to make them better church-members, it would be calculated to make them consider well before subsidizing their space. The average reading man puts a "?" after most of the reading matter he sees in the daily papers, and awaits confirmation; but not so with the average subscriber to the church paper, who has all confidence in whatever he reads in its columns. He has not been called upon to grapple with and weigh the many conflicting news items and misleading advertisements found in so many papers. The daily press, which practically admits that their columns are subsidized—as in a recent controversy they admitted that they would not criticize their advertisers—is fast approaching a time when it also will eliminate all advertisements of doubtful or questionable good.

As the vascular system of an individual distributes the blood to the entire body, so the press of the state distributes the news over the entire field. When it comes into the home of the credulous church-member, he sees no difference in the statements made in the reading in the advertising columns; he reads them all, believes them all, and acts accord-

*Read before the recent Greensboro meeting of the North Carolina Medical Society.

ingly, for it is doubtless true that the best written advertisement sells the most medicine. The medicines are gotten up for the purpose of selling, and not for benefitting humanity primarily. The ingredients and the preparation are withheld from the public, for if these were given out it would demonstrate that the claims made were not true. If some physician who has made a failure in practice has resorted to this means of deceiving the public, he will give more attention to and pay more money for the advertisement than for the compounding of the drug.

Some of the religious papers have sold their entire advertising space to a syndicate, sometimes possibly in another state, and it is really more or less out of their control; so that when the following quotation is seen following an advertisement:

"Note: The Advertising Manager of the _____ is personally acquainted with _____. You run no risk whatever in accepting his offer. I have personally witnessed the remarkable curative power of this _____ in a very serious case."

It is for the purpose of making the reader believe that the advertising manager of the paper is referred to, while the truth is that it is the advertising manager of the syndicate who has bought the columns. It is misleading, and it is intended to be. The shrewdness of this advertisement is seen when carefully read, as it shifts from the third person to the first person.

The average man who takes a religious paper and it may be possible the only paper which enters his home believes what he sees in it. He is enticed into buying medicines, his money is wasted, and when no good is done it might be well for him to learn by experience; but too often real harm is done. Everyone must admit that patent medicines are made for the money that is in them. Very fortunately, many of them do no harm, as the ingredients are worthless and have no effect; others have a habit-forming drug in them made for the purpose of causing a habit so that the sale may continue; others are also harmful.

It might not be out of place to call attention to some astounding statements made by this class of commercial adventurers. In looking over the columns of a religious paper, and reading the advertisements, I see that they guarantee to cure every known disease. One will use a liquid, which will give "blessed relief in five minutes" - "put an end to

stomach trouble forever by getting a large fifty-cent case of &—." Another will use a powder, curing the same symptoms, but not in so short a time. Another will use tablets, which will make you "beautiful, and correct digestion", will digest food "better than your own stomach can do it." One specimen of water will renew the system in three weeks, giving you an entirely new body.

Some papers of the state have already thrown these advertisements overboard, and refuse to allow communications of such doubtful nature to have any space in their columns. Their influence is more wholesome and religious. All honor to them.

May the day soon dawn, if it has not already done so, when the entire religious press will be on the firing line, using every effort to save its readers, not only from useless expense, but from possible danger arising from the indiscriminate use of patent medicines. It is a duty it owes to its followers; and when these advertisements are discontinued it will stand upon a higher plane, and be of greater service, and will be more loyal to the God it professes, rather than in the present position of serving two masters.

WHAT IS RHEUMATISM?

By Jas. W. Squires, M. D., Fort Wayne, Ind.

"This is the stone which was set at naught, which has become the head of the corner. Acts. 4:11."

Regular medicine, like the love of Christ, has its Samuels, and its Judases: Men we have who worship at its shrine; others, would crucify it upon a cross of gold.

We read in the Sacred Book that Sarah took her son Isaac from her breast when she was more than ninety years old; weaned him at the usual weaning age. On this occasion Abraham made a great feast in honor of the event.

While the festivities were at their height Sarah became insanely jealous of her foster son, the son of her lawfully wedded husband and her servant Hagar and vowed that her husband Abraham must put Hagar, her servant and her son Ishmale, away, out of her house, and out of the country.

The demand was so imperative, that though loth to do so, for he loved his son Ishmale with all a father's love, Abraham realized, as all you married men do, that his legally wedded wife Sarah had rights that he was bound to respect.

He accordingly commanded his servants to bring his common law wife

Hagar and their son Ishmale into his presence, when he informed them of his wife, Sarah's demands and of his obligation to see that they were complied with.

Hagar was surprised, dumbfounded, on receiving from her common law husband, to whom she was greatly attached, the command that she must soon become a common wanderer out on the face of the dessert, the burning sands her pillow and her bed, the starry firmament her cover, and her only son Ishmale, a lad of twelve summers, to be her only guide and companion.

Abraham saw that they were provided with raiment, food, and a bottle of water from the abundance that he possessed. He then pressed the fatherly kiss upon the brow of his innocent son and, praying the Blessings of God upon them, bade them depart from him and his, perhaps forever. (This is no place for the expression of modern, domestic happiness and fatherly love.)

Hagar's first thoughts, when turned down and turned out, an exile on the face of the desert to roam, were naturally of mother, of brother and home. "I'll go back to the land of my birth and my childhood. God giving me strength, to far away Egypt I'll go."

With a burden of heart aches that would not admit of measure of weight, and a bodily burden of food and of water; the only bright spot on memories horizon, hundreds of miles over yonder, and a burning expanse of dessert sands between, she and her only son Ishmale commenced the long, weary and tiresome journey, with God only, their guide and protector.

They, unlike Moses, had no pillar of fire to guide them by night, nor black cloud to guide them by day, but they must hunt out their own way.

They pressed on but a few days, when fatigued by the tramp, food reduced to the last crust of bread, water bottle as dry as the dessert, Ishmale was taken violently sick of a fever. Sick of a fever! He ached in every joint and muscle from exertion; he was starving for want of food, and his every nerve and fiber, his very soul, was offering up a dying prayer for water.

Yet they called that condition a fever. We know the fever was but the result of his condition, a symptom of his distress.

Fever is no more a disease than is pain, and it is universally admitted that pain is but a symptom of disease. The late lamented Prof. Hal C. Wyman used

to say to his class, "Pain is to the Physician what the Light House is to the mariner, it shows where danger lurks." Hysteria and Asthma and Neurasthenia, I think are usually regarded as but symptoms.

Would we be considered trespassers upon the dignity of authority, and subject ourselves to a courtmartial, fine and imprisonment, if in our weak and amaturish way we should express ourselves firm believers in the theory, based on more than a score of years in observation, and practice on hundreds of cases, if we should declare unto you that we firmly believe all cases of neuralgia and rheumatism are but fanciful expressions of symptoms of the real trouble, the turning of a wheel within a wheel, a wheel within the master wheel, and not the master wheel at all?

Doctors! how many of you recall a case of necrosis, associated with a case of chronic rheumatism, in which, when the necrosed bone was removed, the rheumatism went where the woodbine twineth?

How many of you Doctors! recall a case of old chronic fistulo-in-ani associated with chronic rheumatism, in which, when the fistulo-in-ani was cured, the rheumatism vanished as if by magic?

How many of you Doctors! recall a case, an old chronic case of rheumatism, of twenty years standing, in which the post mortem revealed the presence of a chronic abscess of the liver, to which you ascribed the cause of death?

Doctors! how many of you recall an acute case of rheumatism in which you found, upon examination, that it was associated with an acute case of gonorrhea, in which, when the gonorrhea was cured, the rheumatic rains were gone, with McGinty, to the bottom of the sea?

We have seen, and so have you, a permanently anchylosed knee, the result of a neglected gonorrhea, that the general public regarded as the result of chronic rheumatism.

We have seen and so have you, old gray haired grandfathers and grandmothers, twisted and bent and contorted out of all normal proportions, sore in every limb, anchylosed in every joint, stiff in every muscle. Unable to dress themselves; required feeding like a child; could not care for themselves when nature called. Writhing in pain intense, and agony indescrivable, day after day, and month after month, and year after year, until that welcome reaper, death, that reaps the bearded grain at a breath

and the flowers that grow between, rung down the curtain on this mortal life, that then took on immortality.

He was so bent and warped and ankylosed that the undertaker could not lay him straight in the coffin, and yet there was no postmortem; the mystery of his disease was interred with his bones.

The death report states, he died of chronic rheumatism. For all that we believe he died of an abscessed liver, or kidney, or some other abscess or ulcer.

In January of this year we operated on an old chronic fistula-in-ani, associated with chronic rheumatism of the arms and shoulders. My thought marbles quickened a few days after the operation, on having the patient ask "What did you do with my rheumatism? Its all gone." We then set our wits to work, to associate, if possible, rheumatic relief in other cases following surgical operation for the relief of afflictions foreign, as we thought, to rheumatism.

We were surprised at the number we were able to recall. We then wrote this paper, confidently believing we were pioneers upon the back track of "rheumatiz," trailing it to its cavernous home from which it came and to which it must return.

Scarcely was the ink on our paper dry till we received a booklet from Swan-Myers Co., Indianapolis, Ind., conveying, in part, the same thought we had been endeavoring to make plain. We wrote Swan-Myers Co. asking them to give us the author or authors of the thought together with the address, and if it had ever appeared in text book or medical journal to give us the name and publisher's address so that we might give them credit.

The answer came. "No Doctor, this has never been published in any medical journal or text book in its present form, but is a compilation of articles published by Rosenow and others. I shall be honored by your use of the material in your paper, but make no claim of originality."

Yours very truly,

Henry R. Albarger M.D.

This is what he says. "The name rheumatism has been used and abused by both the medical profession and the laity for years. It has been used to describe and explain almost every pain affecting joints, Muscles, or Nerves, and has been an exceedingly convenient explanation for any manifestation of the kind without further trouble or investigation. In view of the present day

knowledge, based upon the modern bacteriologic researches upon these conditions, it seems best to abandon the term entirely and speak of ARTHRITIS or MYOSITIS or NEURITIS as the case may be.

"The cause of both ARTICULAR (ARTHRITIS) and MUSCULAR (MYOSITIS) inflammations resulting in pain, swelling and disability has been shown to be one or more MICRO-ORGANISMS of the STREPTOCOCCUS group which has in common certain characteristics, making it evident that they are related.

"The bacteria enter the system from some local focus of disease such as infected tonsils, sinuses of the skull, pyorrheal teeth, suppurating ears, etc. From these foci they escape into the blood stream and localize themselves in such joints, muscles or nerves as offer lessened or lowered resistance. It will be recalled in this connection that the association between TONSILLITIS and articular rheumatism has been noted for years, as well as the characteristic skipping about of the inflammation from joint to joint in the latter disease. This sudden movement of the inflammation so long a confusing mystery, can now be easily understood."

J. M. Salmon, M.D., in The Kentucky Medical Journal, December 1st, 1914, says—"Acute Articular Rheumatism is an infectious disease caused by an infective agent yet unknown. Since 1887, when Aantel obtained a micrococcus from the fluid of the joints and from the blood of rheumatic patients, numerous investigators have endeavored to ascertain the specific germ of this disease. Staphylococci, streptococci and various other organisms have been found and described. Animal inoculation with these organisms obtained from the joints, blood, throat and endocardial vegetations have resulted in the development of lesions of the joints and endocardium very similar to those of acute rheumatic fever."

In the Chicago Medical Record, December 1st, 1915, Dr. J. E. Larned says "In the presence of rheumatism, the first thing we should do is to demonstrate that it is not tubercular; we should think pathogenetically rather than pathologically. The most frequent diagnostic error, is to call gonorrheal arthritis, rheumatic.

"Another common mistake is to diagnose tuberculosis, especially of the joints, as rheumatic.

"A third common error is to diagnose syphilitic manifestations as rheumatic".

Cabbot says:—"Rheumatism has sometimes turned out in my experience to mean aortic aneurism, cancer of the pleura, tabes dorsalis, osteomyelitis, spondylitis, deformans, bone-tuberculosis, syphilitic peritonitis, lead poisoning, morphine habit, alcoholic neuritis, trichiniasis, and gonorrheal infection.

Rheumatism is one of the most dangerous of all diseases to the conscientious physician."

If then the big guns and the expert marksmen, thus fall short of the target, what is the world to expect of us little guns and the amateurs in the profession?

All the treatments ever suggested for the relief of this pathological condition, whose victims are millions, by men in a position before the world to prescribe, that have successfully stood the test of time, sunshine, air, and water: rest relaxation, and elimination; therefore the treatment but lends color to our conviction—our contention.

We believe that neuralgic and rheumatic pain is but a prayer of the nervous system offering up its petition to the God of suffering humanity to drive back and drive out the invading microscopical enemy that is producing insurstream. Thus by a thorough and painstaking post-mortem, assisted by the microscope and the test tube, the blood pressure and the blood count, the tuberculin and the syphilitic test, in the hands of competent men, would have revealed the true nature of the infection.

Then we believe when this is understood, by the use of the X-ray, we will be enabled to locate the pathological fountain head, thus paving the way for a successful medical treatment, or for the surgeon's knife, and thus successfully relieve a goodly number of this class, of all classes of suffering humanity, the most pitiable.

We believe that in every case of neuralgia or rheumatism, whether acute or chronic, semi acute or semi chronic, mild or grave, in the young or old, black or white, male or female, bond or free, is but a symptom of poisoning from some fountain head, known or unknown, and through that of the entire body of the individual.

The fountain head may be the lung, or an abscess or cancer in the liver, spleen, stomach or pancreas, leg or arm, back or shoulder, necrosed bone, ulcerated tooth, mastoid abscess, syphilitic

gummata, elongated, contracted and adherent fore skin, or from an absorption from an auto intoxication some place in the digestive track.

It may be from without, as from the bite of insect or an animal, the sting of a bee or a fly, the prick of a sharp instrument, as a needle, a pin or a nettle, a briar, a splinter, a locust, thorn, holly, or any other entrance antrum which have entered and propegated their species, some one or more of the numberless microscopical organizations that produce in the human economy, a pathological condition that the doctor, through force of habit, is bound to christen; his job depends upon it, his bread and butter; and he, for want of a better name, dubs it neuralgia or rheumatism.

We believe the medical profession is yet in its childhood, and wearing knee pants, striving with might and main to keep up with the professional band wagon, but seldom forging ahead, or even attempting it, but if by chance, or accident, or mistake, one of our number should out run his fellows, he suddenly finds himself in a class by himself, and compelled to play it alone.

We believe when we attain our full stature, we will name diseases properly, and then call them by their true names.

We believe the achievements accomplished by the X-ray, are yet in their infancy, and that the future, compared with the present, would be like unto comparing a potato patch to a continent.

We know surgery has accomplished more in the last decade than in all the previous history of time. Admitting this to be true, and we believe all thinking men will, we see the sunlight of the morning just beginning to shoot its rays upon the field of surgery.

In the Book of Books we read. The allotted age of man is three score years and ten, but if by reason of strength, he may live out the four score years.

We believe the time is near at hand, when on the notch stick of time, the allotted age of man will be pushed up a score of years, so that it will read. The allotted age of man is four score years and ten, and if by reason of strength he may live out the century or more.

We are not unmindful of the fact that we have launched our craft upon a stormy sea, one so hazardous, that to our mind, no other craft has ever ventured; but our vessel is new, and of the latest model, her every timber has been tested by the light of experience, and her every rigging

accepted, only after careful observation and painstaking scrutiny.

So let the lightnings flash, and the thunder peal on peal afar, and the billows roll. If God and the facts are on our side, who can be against us?

Then will we weather the storm and anchor in the harbor of rest. If God and the facts are not on our side then we do not deserve a peaceful harbor and neither do we want it.

Now in conclusion let us say, if mistakes we have made, they are only human, of the head and not the heart. We have done our best, we have indeed, "Piece out with love the strength we lack and have kind words when you come back at us."

1633 W. Main St.

Varicose Ulcers.

Every practitioner of experience has come across them, those exasperating, non-healing, inflamed legs, for which legions of remedies have been recommended. When another suggestion is added the writer wishes to state that he has just treated three cases successfully by the method described here.

The first requisite is the allaying of the pain, and this is done by painting the ulcer with a 10 per cent. cocaine solution followed by dusting with iodoform or airol. To the surrounding eczematous skin the following should be applied: R. Sander's Eucalyptol, $\frac{1}{2}$ dr.; Ung. Zinci Oxidi, 1 oz. The proportion of Sander's Eucalyptol should be gradually increased until 2 dr. to 1 oz. of zinc ointment is used. As soon as it can be borne the ulcer itself should be painted with the pure Sander Eucalyptol. This should be allowed to evaporate and followed by dusting with iodoform or airol. Sander's Eucalyptol disinfects and stimulates epithelization, whilst the iodoform or airol gives the necessary freedom from pain. Wherever the inflammation is not too intense a quicker result can be obtained by painting the surrounding inflamed skin with the pure Sander Eucalyptol and following with the zinc ointment. Rest in bed is necessary in all bad cases, and in inflamed parts should be covered with linen (not lint) over which sufficient wool is placed and a bandage loosely applied.

It is essential to specify Sander's Eucalyptol, as intense aggravation of the inflammatory condition has followed the application of unspecified eucalyptus products. In the Supreme Court of

Victoria, Australia, a sworn witness testified that the ulcer from which he was suffering was made much worse by such an irritating product, whilst the application of the genuine Sander Eucalyptol brought about a cure. Such testimony is not to be lightly rejected when the physician has his reputation and the welfare of his patient at stake.

ad-10-15

Convalescence.

The secret of prompt recovery from many a serious illness will be found in the prompt institution of tonic treatment. The resulting uplift is often all that is needed to enable the body to reestablish a nutritional balance and develop adequate resistance.

Thus, after the acute diseases, such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations like appendicitis, intestinal ailments, utero-ovarian ailments and so on, the return to health often hinges on the thought and care given to restorative treatment. If a reconstructive like Gray's Glycerine Tonic Comp. is used, the result is rarely if ever in doubt. Unlike many remedies used to promote convalescence, Gray's does not whip up weakened forces. On the contrary, it aids and reinforces them by increasing the power and capacity of physiologic processes throughout the body. Thus the appetite is improved, digestive and absorptive functions are activated and the resulting improvement in cellular nutrition insures a notable gain in vitality and strength. Weakness and debility vanish as vitality and strength appear. This tells why "Gray's" is so useful and effective after the acute diseases.

Mexican Drugs.

The warlike disturbances in old Mexico are responsible for many troubles of manufacturers and importers of botanical drugs. Mexico is the source of quite a number of our medicinal plants, and some of these are practically unobtainable. It seems to be unsafe for the peons, who usually work under the supervision of a professional collector, to venture far away from settlements, and even when they succeed in gathering a shipment, there is no guarantee that it will ever reach the border. For more than twenty years *Cereus Grandiflorus*, used in the manufacture of *Cactina Pillets*, has been cut on the mountain slopes of the Vera Cruz range situated in the state of

Tamaulipas. The Sultan Drug Company states that very few shipments have found their way into the United States, and at one time they were greatly concerned about the safety of one of their collectors, an American who has lived in Mexico many years. For some time past the Sultan Drug Company has been carrying at least a year's supply of *Cereus Grandiflorus* ahead, as the dangers of this unsettled condition were anticipated. ad-10-15

Cod Liver Oil in Hot Weather.

So many otherwise excellent preparations of cod liver oil become intolerable in hot weather and must be suspended. This objection does not attach to Cord. Ext. 01. Morrhuæ Comp. (Hagee), for in its preparation the properties of cod liver oil that make it obnoxious in the summer have been eliminated, although, at the same time, the essential tissue-making elements have been carefully preserved and incorporated in a palatable vehicle. Cord. 01. Morrhuæ Comp. (Hagee) represents the highest degree of excellence in cod liver oil preparations, but may be used with profit to the patient in summer as well as other seasons.

Tongaline and Lithia Tablets give such immediate beneficial effects for a condition due to faulty or defective elimination, manifested generally by headache, lassitude, insomnia, etc., and sometimes caused by over-exertion and lack of rest, that we earnestly desire every physician would test them personally. Mellier Drug Co., 2112 Locust St., St. Louis.

A woman physician reports:

"I have personally derived great benefit from Tongaline and Lithia Tablets for rheumatism in the right arm and left limb."

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page — this issue) which is an elegant preparation.

Before and After Childbirth.

Childbirth is always attended by more or less danger and discomfort. Too often the extra burden a prospective mother has to bear overtaxes her nutrition and strength.

The mother who nurses her baby also

frequently has to have supportive treatment to enable her to meet the demand placed on her bodily metabolism by the needs of her growing offspring. At such times of stress effective tonic treatment is always required and clinical experience has clearly shown that no remedy is so serviceable from every standpoint as Gray's Glycerine Tonic Comp.

Used throughout the later months of pregnancy and during the puerperium, it gives to the mother the exact stimulus and support needed not only to carry her through a trying period but to fit her for the still more exacting one of lactation.

Free from contraindication, it is the one remedy that the practitioner can employ before and after parturition with absolute certainty that its effects will never be harmful but invariably beneficial and helpful.

True Corpus Luteum.

Such good results have been reported from the use of true Corpus Luteum in 2-grain doses that Armour and Company have decided to put up 2-grain capsules in bottles of 50. Physicians now may obtain true Corpus Luteum by specifying Armour's in 2 and 5-grain capsules and 2-grain tablets. This is also furnished in powder,—one oz. bottles—for dispensing in any sized dose that the medical man may desire to use.

True Corpus Luteum is the therapeutically active product. The false substance appears to be worthless; therefore in order to get results the physician should specify Corpus Luteum (Armour) in all cases where the effects of Corpus Luteum are desired.

The Pallid School Girl.

In view of the modern methods of education, which force the scholar at top speed, it is not to be wondered at that the strenuous courses of study prescribed for the adolescent girl more than frequently result in a general break down of both health and spirits. Each winter the physician is consulted in such cases and almost always finds the patient anemic, nervous and more or less devitalized. In most instances a rest of a week or two, together with an efficient tonic, enables the patient to take up her school work again with renewed energy. Pepto-Mangan (Gude) is just the hematinic needed, as it acts promptly to increase the red cells and hemoglobin, and to tone up the organism generally. It is particularly suitable for young girls because it never induces or increases constipation.

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EDWARD C. REGISTER, M. D., EDITOR
CHARLOTTE, N. C.

THE PROPER FUNCTION AND DUTIES OF A STATE BOARD OF HEALTH.

Every city, town, village and county should have competent health officers who should be selected for their positions on account of their peculiar fitness for the work and the good they can do for the community rather than as a reward for services they have rendered to some political party, ring or combination. Then they should be paid sufficient salaries and be required to devote their whole time to this work.

Most people want to be strong, healthy and happy and it should be the duty of the State Board of Health to take the lead in organizing a systematic campaign to secure these results. It should co-operate with local and county health officers and medical societies to spread the information necessary to do this work. If short, clear, concise articles on hygiene and preventive medicine were sent out into every school district in the State and given to the school children to be carried to their parents; if the "Little Red School House" were used for lectures by health officers or some one selected by the county medical societies, the people who most need this sort of instruction would soon have a clearer idea of the causes of diseases and the best means of avoiding them, and would, I believe, gladly help to stamp them out.

The State Board of Health should formulate plans for and assist school boards and teachers in detecting and preventing disease and defects among school children. According to Prof. Frank Allport of Chicago eight million school children in the United States suffer from some eye defect and about eight million from some ear, nose or throat defect, or in other words, sixteen million children or 80 per cent. of the entire public school population suffer from some eye, ear, nose or throat defect which more or less retards their school progress, and a vast majority of these diseases could be cured or relieved if detected and placed under proper medical supervision. Children of this kind are at a great disadvantage in school and because they cannot see or

hear properly or their brains are dulled by poisoned blood, they cannot take advantage of the instruction presented, they soon fall behind, become discouraged, drop out of school and help to form the vast army of ignorant and incompetent people who are becoming a great expense and menace to our country.

As advances in hygiene, the prevention and even the cure of diseases to a large extent depends on knowing the agents or germs that cause them, the State Board of Health should aid such discoveries in every possible way. It should strive to secure the establishment of thoroughly equipped laboratories where trained experts well paid by the State can devote their whole time investigating the causes of disease and conserving and protecting the health of all the people of the State. As such a state of affairs can only be brought about by a popular appreciation of and demand for such work, I believe it is the duty of the State Board of Health to inaugurate and vigorously wage a campaign of education which will demonstrate to the people the great advantages that have already been derived from scientific experimental investigations on animals; how through this means small-pox has been robbed of its terrors, diphtheria rendered a comparatively mild disease and the lives of fifty thousand children a year, besides untold suffering, are being saved by antitoxin; how the ghastly spectre of the dread cerebro-spinal meningitis is receding into the dim and horror haunted past; how the great white plague is being vanquished by the knowledge derived from animal experimentation; how in short nearly all our knowledge as to the causes of diseases and much that we know about their diagnosis and treatment, have been the direct result of such experiments.

When the people once KNOW the TRUTH about these matters and understand that their health, strength and happiness as well as the lives of their most cherished earthly possessions—their children—are protected and saved by investigations that find out the causes of diseases and methods for their cure, we will soon have appropriations of money to save human lives as we now have to save the lives of hogs, sheep, cattle, horses and other lower animals.

THE NEEDLESSNESS OF CANCER OF THE EXPOSED SURFACES.

In many of the discussions concerning cancer one vital fact is frequently over-

looked, namely that this malady always originates from diseased or abnormal tissue, and that it does not spring de novo from healthy cells. This fact is especially easy to demonstrate in cancer of the mouth, tongue, lips, genitalia and skin.

Cancer of the skin originates in various types of lesions, possibly most commonly in seborrheic keratoses, often called senile warts or flat pigmented warts of the aged, and in the scars of burns. However there are many other abnormalities that can and do give rise to cancer, one of which is the common pigmented mole, when subject to irritation. At this point it should be pointed out how deadly these malignant moles are: there are less than six recoveries from the condition upon record. Horny growths of all kinds, whether true cutaneous horns, or simply keratoid condition, such as may be produced by the X-ray or by arsenic are more than prone to develop into cancer. Subepidermal nodules give rise to many of the skin cancers. Various types of naevi sometimes become cancerous, but it is probable that an extensive scar, resulting from the attempt to remove a large one, would be more dangerous than the lesion itself, for large scars, no matter how produced, quite frequently terminate in spino-celled cancer, a variety that is very prone to metastasize. On the other hand linear scars, such as result from operation never undergo malignant degeneration. Leg ulcers, sinuses from bone, in fact any type of abnormality where there is loss of tissue may result in cancer. Especially must syphilis and tuberculosis of the skin be mentioned.

Cancer of the genitalia always starts in some sort of a lesion, often a small nodule. Absolute cleanliness and circumcision would prevent most of the cases.

Cancer of the lips may start in a crack or fissure, in a neglected fever blister, in a senile keratosis, in an area charred in the course of smoking, in an area irritated by a jagged tooth, or in some similar small abnormality. If all abnormalities of the lip that did not heal within one month were removed with the knife or the cautery there would be no more cases of cancer of the lip.

Lingual carcinoma may originate in a smoker's patch, leukoplakia, in an ulcer or crack, in a syphilitic sore, or in a benign wart. If all of these lesions were cauterized or exercised at an early date there would be no further trouble.

Cancer of the mouth or throat starts

in a diseased area, and removal of this area would prevent the subsequent development of cancer.

We are logically driven to one conclusion, namely that all abnormalities of the skin or mucous membranes should be removed, or that if this removal would leave a large scar, they should be carefully watched, and any change subjected to the closest scrutiny. This course of prevention would eliminate cancer of the exposed surfaces.

THE POSSIBLE IDENTITY OF DIFFERENT REMEDIES AND THEIR BASE OF ACTION.

It has been determined that certain substances found in the condition known as autointoxication, resembles certain well known drugs in their action upon the human body. The similarity of these along with our knowledge of the internal secretions should lead us to suspect the similarity of many of the vegetable, chemical and organic compounds now in use as therapeutic agents, but, owing to their different origins, are commonly recognized as entirely different in their composition and physiological action.

Everything imaginable has been tried as therapeutic agents; yet we have recently passed unscathed through a period of therapeutic nihilism with a swelling list of official and unofficial remedies that no human mind can grasp intelligently; while the things that have been employed more or less extensively and finally discarded would, perhaps, be even more numerous. It is hardly in accord with human events, that only the useless should be rejected and only the good be retained.

By admitting the therapeutic usefulness of certain materials (and even the most skeptical practitioners of experience are not therapeutic nihilists) we acknowledge the possible usefulness of other materials. The first essential of scientific therapy is to determine the things that are of therapeutic value; next, their value and class. The class, of course, will depend upon the evident results of administration, which, for convenience or from custom, may be called: physiological action. Acknowledgement of the action of that part of the soil, known as the internal secretions, would seem the proper basis for a knowledge of the action of other therapeutic agents.

When we remember how life and vigor are perpetuated and sustained by the common and apparently simple things in

nature, it would seem that our therapeutic requirements are not so extensive as our numerous remedies would indicate. There is no question about the great number of more or less active remedies, and the hope of simplicity and comprehension lies in the probability that many remedies of both similar and dissimilar origins—in other words, remedies of vegetable, mineral and animal origin—are identical in action, if not in degree of intensity of action; i. e., the potency of the various antiseptics.

A knowledge of the identity of action of the various groups of remedies—if such identity does exist, is of the highest importance. Of no less importance is the knowledge of the identity of action of the internal secretions and the various groups of related vegetable, chemical and organic remedies—if such similarity does exist. In the end it matters but little whether the remedy and the internal secretion are identical in chemical composition and physiological action; whether the members of a certain group of remedies act directly upon a certain gland, and either accelerates or inhibits its functional activity; or whether the remedy only modifies the secretion itself. Whether the drug substitutes the internal secretion; modifies the functional activity of the gland; or directly changes the character of the secretion, it is pretty certain that the power of drugs is first exhibited in one or the other of these ways. Should this proposition prove true, drugs may be classified according to the secretions affected; and their efficiency may be indicated according to their ascertained force of action, regardless of their origin and chemical composition. This all seems very simple as a fore-cast; but whether it is right or wrong, there surely is some way to render the whole catalogue of remedies comprehensible to the practitioner; to determine the identical therapeutic properties of physically different remedies; and also the influence of remedies upon the ductless glands and internal secretions.

The food value of the many food substances are embraced in the comprehensive terms: sugar, starch, fat proteid. May not the therapeutic value of the many remedies be reduced to a likewise comprehensive basis.

WHAT SHOULD BE DONE?

What is to be done to counter-prescribing druggists and the pushing of patents by them? They are now making a drive on a patent medicine called "Tanlac." From a sample it seems to

contain a large per cent of whiskey. The druggists are "pushing it along." It is a common practice among them to prescribe for the ailing. To be sure they do not prescribe for bedfast patients because such are in the hands of a physician, but before the physician is called, it is not uncommon for patients to say such and such a druggist had recommended and prepared a remedy for them. What the dealer should do is to inform the ailing that their business is to prepare what the physician directs and not usurp his place. They owe this much to the medical profession who give their business to them, for without medical patronage they could hardly make a living.

ADDISON'S DISEASE.

Sixty-six years ago Dr. Addison announced to an English medical society, his discovery of this disease which since has been bearing his name. Five years later, in 1854, he published his treatise on "Local and Constitutional Effects of the Disease of the Suprarenal Capsules." Following this there was for years a spirit of incredulity and argument against the existence of such a disease. Many regarded it as merely a phase of some other disease.

It is well established now that he was correct. Investigation has been directed toward determining its etiology and pathology, even to this day. As to a successful treatment, there is a general despair. It seems almost impossible to make an early diagnosis of the disease. Its rarity renders its distinguishing features unfamiliar. As the bronzing of the skin, so distinctive, does not begin till the latter stages of the disease, when the capsules are destroyed, and the case rendered necessarily hopeless, because it is discovered at so late a stage, treatment is of no avail.

The early symptoms are anemia, leucocythemia, etc. which lead to debility and improverishment. These symptoms might be attributed to other diseases, especially those of splenic character. It may be attributed to tuberculosis, chronic interstitial inflammation and fibrous caseous metamorphosis.

The cause of the disease is obscure. Some authors believe it is tubercular, but some who have died with it were free from tubercular taint, or heredity. No postmortem symptoms revealed the exact nature of the malady. The prominent symptoms are weakness, pallor, whiteness, and finally marked bronzing of the skin.

PHYSICIAN'S LICENSE REVOKED FOR WRITING WHISKEY PRESCRIPTIONS.

The supreme court of Missouri has recently handed down a decision confirming the action of the Missouri State Board of Health in revoking for ten years the license to practice medicine of Dr. A. M. Conway of Columbia, Mo., on account of the doctor's frequent and excessive writing of prescriptions for whiskey. It appears in the evidence submitted to the State Board of Health, the physician had written 778 whiskey prescriptions, and the court held that each constituted a separate offense. The court also held the Board was clearly within its legal rights in revoking the doctor's license on that ground.

This power vested in state boards of health exercising the functions of state boards of medical examiners is one that is rarely exercised and for very obvious reasons. In the first place the immense majority of medical practitioners are jealously regardful of their prerogatives and exercise them with care and discretion so that the occasions where a state board would be warranted in such interference are very infrequent. Again so rarely have any of the State boards exercised this function that it is more than possible the possession of this power is not fully appreciated as a wise provision of the law which has been given boards with the purpose of using it in properly selected cases for the maintaining of higher standards of life and practice among the members of the medical guild. That this great power should be exercised with due care and intelligent discrimination is very manifest. That this power should possibly be exercised occasionally in every state is also probably true.

NORTH CAROLINA THE FIRST CIVILIZED STATE TO EVER PROVIDE BY CONSTITU- TIONAL PROVISION FOR A VITAL STATISTICS LAW.

Dr. J. Howell Way, Waynesville, N. C., whose interest in the history of every thing relating to the history of the medical profession, its doings, and sayings, is widely known, calls attention to the fact that the original Constitution prepared by the celebrated metaphysician and philosopher, John Locke, for the new colony of North Carolina in 1669, contained a direct provision for the reg-

istration and collection of vital statistics. Locke's famous document was eventually declared by the promoters of the Carolina Colony, too technical for an undeveloped country, and rejected by the colonists themselves, yet as time passed the wonderful and farseeing discriminative wisdom of the great scholar has been verified by adoptions from time to time of the principles by him for the advancement of the colony and the formation of a model government. Appended are the sections of his model constitution as prepared for North Carolina in 1669.

Our First Vital Statistics Law.

From Locke's Fundamental Constitutions, March 1, 1669.

84th. There shall be a registry in every Signiory, Barony, and Colony, wherein shall be recorded all the births, marriages, and deaths that shall happen within the respective Signiories, Baronies and Colonies.

85th. No man shall be Register of a Colony that hath not above fifty acres of freehold within the said colony.

86th. The time of every one's age that is born in Carolina, shall be reckoned from the day that his birth is entered in the registry, and not before.

87th. No marriages shall be lawful, whatever contract and ceremony they have used, till both the parties mutually own it, before the Register of the place where they were married, and he register it, with the names of the father and mother of each party.

88th. No man shall administer the goods, or have a right to them, or enter upon the estate of any person deceased, till his death be registered in the respective registry.

89th. He that does not enter in the respective registry, the birth, or death of any person that is born or dies, in his house or ground, shall pay to said Register one shilling per week for each such neglect, reckoning from the time of each birth or death respectively, to the time of entering it in the register.

90th. In like manner, the births, marriages, and deaths of the Lords Proprietors, Landgraves and Casiques, shall be registered in the Chamberlain's Court.

(See Colonial Records of North Carolina, Volume I, Page 201.)

Editorial News Items.

The new gravity water line for the State Hospital at Morganton, N. C., is nearing completion and will afford an abundant supply from the mountains seven miles distant.

The Secretary of State has issued a charter to the Mary Elizabeth Hospital Co., Raleigh, N. C., authorized capital stock \$25,000.00; paid up stock \$300.00, for general surgical, medical and osteopathic work.

Dr. Oliver G. Falls, Kings Mountain, N. C., was elected President of the North Carolina State organization of county commissioners held in Morehead City, N. C., August 10-11.

Dr. John C. Wessell, Wilmington, N. C., has been appointed local surgeon Seaboard Air Line Railway, vice Dr. Morris M. Caldwell, accidentally drowned early in August while visiting an interned German ship in the harbor.

Dr. I. A. Harris, Weaverville, N. C., the oldest living practitioner of medicine in Buncombe County, entertained the members of the Buncombe County Medical Society at his country home with a lawn fete on August 14. A large delegation of Asheville physicians motored down and a very enjoyable occasion was their reward.

Dr. John W. McConnell, Davidson, N. C., is spending his summer vacation in postgraduate work in New York City, and while very active in the organization work of the Red Cross society the rumor that he will go to Europe to engage in the field work of the organization is incorrect. He expects to resume his duties as college physician and instructor at Davidson College with the opening of the autumn session.

The City Council of High Point, N. C., has increased the salary of the City Physician, Dr. H. W. McCain, from \$100.00 per annum to \$20.00 per month.

Dr. Otis Marshall, of Culpeper, Va., was seriously injured in an automobile accident near Culpeper on August 11th. The car turned completely over throwing the doctor underneath. He was extricated with difficulty. When he was rescued he was immediately taken to a local hospital. It was found that he was suffering from many contusions and a fractured shoulder.

Dr. J. W. Wallace, of Covington, Va., has been recently elected secretary of the local board of health. He succeeds Dr. W. B. Payne. Dr. Wallace's friends are pleased over the election. To be a proficient local health officer is a difficult po-

sition to fill. It is believed that in this case the officer will do credit to himself and be of great value to his town and community.

The registration of births and deaths in North Carolina is improving rapidly. The returns for June and July are the best thus far recorded. For the month of June 2,922 deaths were reported to the Bureau of Vital Statistics and for July 2,971. The Vital Statistics law was amended by the last Legislature requiring that certificates of death be filed before a body could be buried. As a result the death registration has been improved about 25 per cent. since the operation of the new law.

This does not mean that there are more deaths occurring than ever before, but simply that they are being better reported. There are still a large number of unreported deaths that occur in various parts of the State, but a more thorough enforcement of the law promises still further improvement along this line.

Birth registration in North Carolina is much better than death registration. During the first six months there were an average of 6,113 births reported each month against 2,560 deaths. The authorities point out that there is little indication of race suicide in these figures.

The Fowle-Memorial Hospital was opened in 1904 for the treatment of surgical and non-contagious cases. It can take care of about forty patients, both white and colored. The Hospital is magnificently furnished, having running water and private baths attached to many of the rooms. Last summer this well known hospital was thoroughly renovated. The operating room is one of the best equipped to be found in any hospital. Their facilities for caring for negro patients are good, possibly better than any other hospital of this size in the State. This class of patients is cared for in a separate building. It contains two large, bright, sunny wards. Each of these wards has its own bath and will accommodate about six patients each. This institution has been especially fortunate in the selection of its staff. Some of the best known physicians and surgeons in this whole section of the country are connected with this institution. Miss Goldston, the superintendent of nurses, has quite a reputation for efficiency in her line of work and the institution is to be congratulated on their selection of a person who is so important in the hospital.

The Approaching Pellagra Convention will be held either in Columbia, S. C., Savannah, Ga., or Charleston, S. C. It will meet some time next October, the exact time has not yet been fixed. This will be the third triennial convention of the National Association for the Study of Pellagra. The president of the Association is D. H. Lavinder, surgeon, United States Public Health Service. The vice-presidents are J. F. Siler, M. D., captain, medical corps, and C. C. Bass of the medical faculty of Tulane University, New Orleans; secretary, J. W. Babcock, M. D., of Columbia; treasurer, James A. Hayne, M. D., of Columbia, State health officer. The executive committee consists of J. J. Watson of Columbia, P. E. Garrison, United States Navy, H. H. Beall of Fort Worth, Texas, and L. J. Pollock of Kanakee, Ill.

The Fourth District Medical Society of North Carolina met in Goldsboro on August 10th. The meeting was held in the court house. The subject selected for discussion was "Ductless Glands." The comments and the discussions were very full and complete. It was declared that this meeting was the best since the district society was organized. Before adjourning the meeting the society passed resolutions of respect and sorrow at the death of the late Dr. Charles T. Harper, of Wilmington. After the meeting was over the society was entertained at a barbecue in the rooms of the chamber of commerce. We understand that several very interesting topics of semi-medical character were discussed at this informal meeting.

Dr. Kenneth M. Clark, of Kittrell, N. C., a well known and successful physician died at St. Luke's Hospital, Richmond, Va., after an illness of only a few days. Dr. Clark was a graduate of Baltimore Medical College, 1885. During his active professional career he enjoyed the confidence and esteem of a large clientele.

Dr. J. A. Turner of High Point, N. C., died on August 29th. Dr. Turner was one of the most prominent physicians in Guilford County and was well known all over this State. He was fifty-eight years old and had for over twenty years been a very active and successful practitioner. He was a native of Chatham County but has lived in High Point for the last eighteen years. After receiving his high

school preliminary training he studied medicine at the Louisville Medical College, Louisville, Ky., graduating from that institution in 1886. He received his license to practice medicine from the North Carolina State Examining Board in 1889 and in 1891 he joined the State Medical society. He has always been an honored and acceptable member of that organization and frequently participated in its scientific work.

The South Carolina Medical Society has received the gift of between sixty and eighty thousand dollars by the will of Mrs. Rosa Thompson, of Charleston, S. C. The Medical Society of South Carolina, as directors of the Riverside Infirmary, become residuary legatees to the amount. The money is to be used for the establishment of a memorial to the late Joseph Thompson, the construction of an annex to the present building, or to enlarging or remodelling it. The name of the institution is to be changed to the Joseph Thompson Infirmary.

Dr. Joseph Goldberger, head of the Department of Pellagra Research of the United States Public Health Service, is in Charleston, S. C., for the purpose of introducing a system of dieting at the Epworth Orphanage for the purpose of eradicating pellagra in that institution. About a hundred and fifty of the two hundred and fifty at the Orphanage have been attacked by the disease at different times. Dr. Goldberger proposes to introduce a system of dieting that is hoped will prove beneficial in the treatment of the disease.

Dr. J. H. Crouch, Richmond, Va., has resigned the position as surgeon of the Health Department for the Second District.

The New Orleans Postgraduate Medical School announces that it is to affiliate with Loyola University. The board of directors of the school is composed of Dr. Homer Dupuy, president; Dr. William Kohlman, vice-president; Dr. Joseph A. Danna, secretary; Dr. Oscar Dowling, Dr. A. Nelken, Dr. C. G. Cole, Dr. Joseph M. Elliott, Dr. O. L. Pathier, and Dr. T. J. Dimitry.

The Seaboard Air Line Railway Surgeons' Association that met at Wrightsville Beach on August 16th and 17th adjourned while on board the steamer Wilmington which was on a cruise down the Cape Fear River. The meeting in every

way was a great success. The papers read were of a very high order. The discussions were full and almost universally participated in by the visiting members. As is always the case on similar occasions, Wilmington's entertainments were good and appropriate. The next meeting will be held in Jacksonville, Fla., about the middle of next August. The new officers of the Association are as follows: President, Dr. R. L. Harris, Jacksonville; first vice-president, Dr. Frank L. Eskridge, Atlanta; second vice-president, Dr. W. A. McHaul, Lumberton; third vice-president, Dr. L. J. Picol, Raleigh; secretary and treasurer, Dr. J. W. Palmer, Ailey, Ga., re-elected; member of executive committee, Dr. R. B. Epting, Greenwood, S. C., re-elected. In behalf of the surgeons, Dr. L. J. Picol of Raleigh presented to Dr. Joseph M. Burke of Petersburg, Va., chief surgeon, a diamond scarf pin in appreciation of his ten years of service in this capacity. Dr. J. W. Palmer, who has been secretary since the organization was formed, was presented with a pair of gold cuff links.

Dr. P. P. Causey, of Wilmington, N. C., has been appointed medical examiner of the Atlantic Coast Line to succeed Dr. J. H. Bornemann, who was drowned a few weeks ago in the Cape Fear River.

The Mission Hospital in Asheville, N. C., had some time ago a small fire that created considerable alarm among the patients. Very little damage was done, however, aside from the smoke and the bad effects of fright upon the patients. It is a great relief for patients to know that they are in a fire proof building. It is very likely that the time will come when all hospitals will be fire proof. One cannot think of anything more horrible than to be thoroughly helpless and be in a building on fire.

The North Carolina State Board of Health and the North Carolina State Highway Commission acting together have prepared a set of plans and specifications embracing a new system for portable camps for convicts employed outside, as the majority of the State's convicts are, the penitentiary and jails. Copies of the plans have been placed in the hands of the superior court judges, solicitors, county officials and others interested. The State Board of Health announces that it will soon be ready to report on all State and local convict camps or prisons, and a systematic record will be kept with a

standard score for the various points concerned in the making of a sanitary convict camp or prison.

Gov. Locke Craig has appointed the following delegates to the Southern Tuberculosis Conference to be held in Columbia, S. C., October 8-9, 1915, under the auspices of the National Association for the Study and Prevention of Tuberculosis: Drs. W. S. Rankin, Raleigh, N. C.; L. B. McBrayer, Sanitarium, N. C.; I. J. Archer, Black Mountain, N. C.; Geo. W. Purefoy, Asheville, N. C., and Charles L. Minor, Asheville, N. C.

The North Carolina State Board of Health continues the anti-typhoid vaccination campaign with vigor and increasing interest. In the second tier of five counties systematically vaccinated, the first three weeks show the following results: Iredell County, 6,106; Halifax County, 5,392; Wilson County, 2,607; Edgecombe County, 1,652; Wayne County, 1,431. Total, 17,188.

Dr. B. S. Lucas, of Walhalla, S. C., died September 4th. He was eighty-two years old and a native of Kershaw County. At the outbreak of the War Between the States he volunteered to serve in the Confederate army and served continuously until disabled by the loss of an arm. About ten years ago he gave up the active practice of medicine. During his active professional life he was one of the most valuable professional gentlemen in his section of the country. He received his preliminary collegiate training at the Citadel in Charleston. Later he graduated from the South Carolina Medical College. Dr. Chesley Lucas of Columbia is a son who survives him.

BOOK NOTICES.

The Spell of Flanders. An Outline of The History, Legends and Art of Belgium's Famous Provinces. Being the story of a Twentieth Century Pilgrimage in a Sixteenth Century Land just before the Outbreak of the Great War. By Edward Neville Vose. Illustrated. Boston: The Page Company. MDCCCXV. Price \$2.50.

The title of this book at all times would attract the attention of most any reader, certainly if they were reasonably acquainted with the European countries. Lord Beaconsfield once said: "Flanders has been trodden by the feet and watered by the blood of countless generations of

British soldiers." This famous passage which has received a new confirmation today is typical of many references among English writers and statesmen to Flanders as a general term covering all that is now known as Belgium. Among the citizens of that beautiful little kingdom, however, and among most Continental writers, Flanders is recognized as being the name of only the Northern portion of Belgium. Small as that country is, it has for centuries been bi-lingual, the northern portion speaking Flemish, the southern French; and for centuries the history of the Flemish provinces was as distinct from that of the Walloon province to the southward as the early history of California or Texas was from that of New England.

Although eventually united under one Government with the Walloons and with what is now Holland, it was during the long period of their semi-independence that the Flemings achieved many of the artistic and architectural monuments that have made Flanders for all time one of the most interesting regions in the world.

This book is the record of a vacation tour in the beautiful old Flemish towns of northern Belgium in May and ending in July, 1914. The author of the book, Mr. Vose, certainly is beautiful in his description of this little tour. Nearly all of the chapters were written on or near the spot described or referred to. Then the monuments, museums, art galleries, and great universities, with their priceless libraries, were all intact and in perfect order. Now one year later these beautiful invironments, these wonderful places that were so popular for the tourist are piles of ashes and stones.

The book contains nearly 550 pages and I do not believe there is a page in it that is not of value and interest. I wish that I had the space to give this valuable and interesting book a more complete review. Even the illustrations are worth the price of the book, and many times more to those who have visited these places or are even acquainted with the literature descriptive of this wonderful little country.

The Care of The Baby. By J. P. Crozer Griffith, M. D., Professor of Diseases of Children in the University of Pennsylvania. Sixth Edition Thoroughly Revised. 12mo of 463 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$1.50 net.

The previous editions of this book

have always been reviewed in this office with pleasure. All of them are interesting and of great value. Dr. Gdiffith is a fine writer, his style is always attractive, his points are always clear and forcibly presented. In his specialty, the diseases of children, he is recognized as an authority. His writings, and especially this book, add a great deal to the valuable medical literature of the country. A member of the medical profession who takes even an ordinary interest in this department of medicine can hardly afford to be without it.

The passing of time, the changing of methods and the common demand for this revised volume has necessitated a careful and complete revision of this book. The several new illustrations that have been added make the book more useful. These and the revision of the text bring the book up to a thoroughly modern volume. The part of the book bearing upon the management of pregnancy and allied infections has been revised by Prof. Hirst of Pennsylvania. This section of the volume is quite valuable and up to date.

Exercise in Education and Medicine.

By R. Tait McKenzie, A.B., M.D., Professor of Physical Education, and Director of the Department, University of Pennsylvania. Octavo of 585 pages, with 478 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$4.00 net; Half Morocco, \$5.50 net.

We always take peculiar pleasure in reading after Dr. McKenzie. His style of writing is always attractive. He handles his subjects not only intelligently but logically. His conclusions are based upon experience and sound reasoning.

The first edition of this book was well received and it has been referred to frequently since it has been in my library. During the four years since the publication of the first edition of this book physical education has changed a great deal, so rapidly that it has been necessary to almost completely rewrite the work from beginning to end. To keep the reader in touch with recent progress along old lines of investigations and the development of ideas that are new it has been necessary to make the second edition almost a new book. Such unusual activity in the physiology of exercise has thrown such a new light on the effect of muscular work on the heart, blood vessels and excretory organs that it has been necessary to expand the single chapter on Physiology into four larger chapters.

The increasing recognition of athletic sports by the school and college makes them a potent factor in education. The boy's school day is more and more approaching that of the Athenian lad with its intimate blending of mental and physical training.

The supervision and organization of play under school and municipal control is making necessary a new profession in which the study of psychology and physiology taken an important place.

This book is very profusely illustrated containing 478 illustrations. For a book of this size, 585 pages, to have that many illustrations is unusual. This statement helps to establish the fact that a book without appropriate illustrations accompanying the text is very defective. This statement would not be so true in this particular case if the architecture of the illustrations were not beautifully worked out.

The Pioneer Boys of The Yellowstone or Lost in the Land of Wonders. By Harrison Adams. Author of "The Pioneer Boys of the Ohio," "The Pioneer Boys of the Mississippi," etc. Illustrated by Walter S. Rogers. The Page Company, Boston. MDCCCXV. Price \$1.25.

This volume will inherit a good reputation because the book entitled, "The Pioneer Boys of the Missouri" was well received. Mr. Rogers has evidently been more happy in his expression and style in this book than in any of his former writings. His illustrations are superior in this book to those appearing among his former writings. To look over his illustrations and see the expression on the boy's face when he first beheld one of the geysers in the Yellowstone Park is certainly amusing and takes the traveler back to the days when he was so surprised and entertained. Aside from everything else it would pay anyone who contemplates visiting that section of the country to buy the book and read it carefully. In all probability several parts of it he would read over and over again.

Alma's Senior Year. By Louise M. Breitenbach. Author of "Alma at Hadley Hall," "Alma's Sophomore Year," etc. Illustrated by John Goss. The Page Company, Boston. MDCCCXV. Price \$1.50.

The Page Company is certainly always fortunate in selecting popular manuscripts for publication. This volume entitled, "Alma's Senior Year" now before me is a book of unusual interest. It is

possibly the best work that has ever been written by Miss Breitenbach. While "Alma at Hadley Hall," "Alma's Sophomore Year," and "Alma's Junior Year" were books that attracted universal and complimentary comments, none of them were equal in style and interest to this book.

The book contains 318 pages. It is printed in large type properly spaced which makes it easy to read. The general architecture of the book is attractive and the publishers have done their work well. While there are only about half a dozen illustrations they are beautiful and well selected. Even in this class of literature it has become almost a necessity to have illustrations accompanying the reading matter or text.

We know of no book that would be more likely to help one to pass away a few hours pleasantly than this. We recommend the book to this class of readers.

The Proving of Virginia. By Daisy Rhodes Campbell. Author of "The Fiddling Girl," etc. Illustrated by John Goss. Boston: The Page Company. MDCCCXV. Price, \$1.25.

I am certainly glad to have the privilege of reviewing this book and I propose subsequently to read it more carefully. The attractive and interesting style of Miss Campbell in "The Fiddling Girl" will naturally especially attract public attention to this book. Every chapter in the volume is worth reading. Perhaps chapter eight, "Suspicion is Killed by Faith and Truth" is the most interesting part.

The volume contains 340 pages, is beautifully bound and the paper on which the matter is printed is fine. The print is large, well spaced, and easily read. To take this book on a little railroad trip of a few hours would give the traveler a fine companion and he would be benefited by reading it.

A Manual of the Practice of Medicine. By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania, Lecturer on Medicine in the University of Pennsylvania. Tenth Edition, Revised. 12mo of 629 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Flexible Leather, \$2.50 net.

I have in my library every edition of this book. I have always watched its revisions in the various editions with interest. The text in this edition has been

very nicely and carefully rewritten and some new chapters have been added. There is scarcely one that has not been enlarged or otherwise changed. The more important modifications will be found in the sections relating to leukemia, chronic nephritis, pyelonephritis, cardiac arthmia, pulmonary tuberculosis, typhus fever, malaria, pyogenic infections, bacillary dysentery, diabetes mellitus, tetany, locomotor ataxia, heat stroke, and dermatitis exfoliative. Also articles relating to Vincent's angina, diverticula of the esophagus, acholuric jaundice, embolism and thrombosis of the mesenteric vessels, alkaptonuria, albumosuria, tests of the functional capacity of the kidneys, polycystic disease and malignant disease of the kidney, chronic enlargements of the amyotonia, and myasthenia gravis, have been added. The plan of the book remains unchanged.

Dr. Stevens is a very entertaining lecturer and instructive teacher and a writer that is well and favorably known all over the United States. In none of the preceding editions has he exhibited more talent and more careful style than he has in the preparation of this volume. I know of no \$2.50 book that deserves more favorable comment than this.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Obstetrics, Orthopaedics, Pathology, Dermatology, Hygiene and Other Topics of Interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia with the collaboration of Chas. H. Mayo, M.D., Rochester, and others. Volume II. Twenty-fifth Series, 1915. Philadelphia and London: J. B. Lippincott Company.

It always gives the reviewer pleasure to receive these volumes which come to this library quarterly. This method of giving the medical profession up to date literature on all the departments of our science has possibly proved the greatest success of any scheme of its kind ever undertaken.

These volumes have been coming to this office for nearly twenty-six years. We have them all complete and there is no part of our large library of 8,000 volumes that we value more than this series, which amounts to 102 volumes.

While all of the articles appearing in this issue are of great value and interest

to every physician and surgeon, the article entitled, *Gigantic Duodenum Due to Kinking at Duodenal Jejunal Junction, Associated with Dilatation of the First Portion of the Jejunum, Gastro-Enterostomy, and Fistula from the Jejunum into the Transverse Colon*, by Drs. Dorrance and Deaver appears to the writer to be the most valuable. It is not a long article but every word in it counts for a valuable thought or suggestion. The illustrations in it are exceptionally beautiful and appropriate. The entire volume is very fine, though it is not, perhaps, as large as some of its predecessors. This is made up in value. As usual the index is complete and the binding is in the uniform style.

John Shaw Billings. A Memoir. By Fielding H. Garrison, M.D., Illustrated. G. P. Putnam's Sons, New York and London. 1915. Price \$2.50.

Mr. Billings was the late director of the New York Public Library. For seventeen years he held this position. He assumed his duties as director of this library at its beginning and his upbuilding of it will be a lasting monument to his memory. Dr. Billings' activity, however, was not all confined to the upbuilding of this fine library. In many other spheres he was well known and much appreciated and this service should not in any way be allowed to obscure his distinguished record of service in other branches to which he devoted his life.

It is a well known fact among well informed medical men that he was the most eminent bibliographer in the history of medicine in this country. The writer on several occasions examined his writings on the organization of hospitals and laboratories and on many occasions read his views about public and private libraries. He was well known as a sanitarian and statistician. He was thoroughly familiar with the literature on medicine and surgery, not only that which had been published in the English language but in other languages.

Aside from a scientific prominence, he was a man of great executive ability. Dr. Garrison is to be congratulated on his beautiful narrative of the personality of Dr. Billings.

The House-Fly. (Musca Domestica Linn). Its Structure, Habits, Development, Relation to Disease and Control. By C. Gordon Hewitt, D. Sc., F. R. S. C., Dominion Entomologist of Canada; Formerly Lecturer in Economic Zoology in the University of

Manchester. Cloth. Price \$4.50 net. Pp. 382, with 194 illustrations. New York: G. P. Putnam's Sons, 1914.

This is a very valuable book. While it is scientific it is written in such an interesting style that it is quite easy to read. It contains a description of the anatomic structure of the house fly and other flies found around dwelling places. It has an excellent description of the breeding and other habits of the fly and its larvae, notes on the natural enemies and parasites of the fly and several chapters on the relation of house flies to disease. This, in all probability, is the most valuable part of the book and is worth the price of the book.

While it is a small book for the price, it deals with subjects that are comparatively new and subjects that have not received the attention that they should have. In the chapters on the dissemination of pathogenic organisms of flies, the carriage of typhoid fever and the relation of flies to the summer diarrheas of infants, the author has set forth the evidence on both sides reviewing the investigations made to prove or disprove the role of the fly as disease carriers. The results of his own experiences are valuable and add a great deal to the value of the book.

A valuable chapter is devoted to the relation of flies and the spread of intestinal worms, their description, habits and their disadvantages and their harm as host of the alimentary canal.

The part of the book devoted to preventive and remedial measures is possibly as valuable as any other section of the book. The subject is dealt with in a practical way. The author's different experimental methods of handling and treating manure and other prolific breeding places of flies are described as well as measures for the protection of food, and the destruction of adult flies by trapping, poisoning, etc. On this department of the book alone a large volume could have been written. It ought to frighten any intelligent person to see a fly in his milk, coffee or even on his plate. Their feet and wings are always covered with various poisonous bacteria.

While this book is not intended for popular reading, it would be well enough for every layman to read it and study carefully its contents. It was written, however, mainly for the use of entomologists, physicians, health officers, and others who are especially interested in the subject of health and preventive medicine.

Selected Works of Voltairine De Cleyre. Edited by Alexander Berkman. Biographical Sketch by Hippolyte Havel. New York: Mother Earth Publishing Association, 1914. Price, \$1.50.

This is a very interesting work of 480 pages. There is a biographical sketch by Hippolyte Havel of Voltairine De Cleyre which is interesting from the beginning to the end. The writer was evidently a great admirer of her. In addition to this, the book contains some of the selected works of Voltairine De Cleyre, some of her well known poems, essays and stories. No doubt many readers of that class of literature will remember some of her little stories like the Rocket of Iron, Alone, At the End of the Alley, The Old Shoemaker, and many others.

Among her essays possibly the most notable is that on Anarchism. This is well worth reading the second time.

The book is edited by Alexander Berkman and the work has been done well. The general appearance is attractive.

The Intervertebral Foramina in Man. The Morphology of the Intervertebral Foramina in Man Including a Description of Their Contents and Adjacent Parts with Special Reference to the Nervous Structures. Supplement to "The Intervertebral Foramen." By Harold Swanberg, Member of the American Association for the Advancement of Science. With an Introduction, note by Prof. Harris E. Santee, from the Anatomical Laboratory, Chicago College of Medicine and Surgery. Illustrated by 11 original full page plates. Chicago Scientific Publishing Co., 221 S. Ashland Boulevard, Chicago, Illinois, 1915.

This book contains the first photomicrographs and exhaustive description of the anatomy and histology of the human intervertebral foramina, including their contents and adjacent parts, to appear in literature. It should not be confused with the text "The Intervertebral Foramen" by the same author, which gives a description of but one foramen from one of the lower animals. This book is an entirely new work and presents the morphology of all of the intervertebral foramina and adjacent parts in Man.

Actual photomicrographs are shown of the human intervertebral foramen and surrounding tissues. The anterior and posterior nerve roots, spinal ganglion, spinal nerve, white and gray rami of the spinal nerve and the ganglia of the sympathetic gangliated cord can all be clearly seen, and their relations to fat, fibrous

tissue, blood vessels, lymph nodes, bone, etc., noted. The sizes of the intervertebral foramina as compared to the spinal nerves is also given in detail. In fact, everything pertaining to the morphology of the intervertebral foramina, including their contents and adjacent parts is presented, and this is in an unusual clear, concise and instructive manner.

The importance of an intricate knowledge of these apertures scarcely needs to be emphasized. An ever increasing amount of attention is being given to spinal therapeutics and various theories are being profounded. This book does not argue one way or the other but merely presents the facts as they actually exist. The reader is left free to draw his own conclusions and form his own opinions concerning the various theories of nerve pressure, etc.

Price, \$1.75.

The King, The Kaiser and Irish Freedom. By James K. McGuire. New York: The Devin-Adair Company, 437 Fifth Avenue. Price \$1.35.

This is an interesting book. The author is an American of Irish descent, a gentleman of prominence having been only a few years ago mayor of Syracuse, N. Y. As far as we know, this is the only book favoring the German cause that has been written in America. The author thought that the book was necessary because he had studied, and apparently very carefully, the violation of neutrality on the part of several newspapers. He does not think that Germany has been fairly treated by the United States or that the intentions of the Germans had been correctly interpreted.

He predicts that the attitude of these papers has destroyed, or will destroy all hope of the United States becoming the arbiter at the end of the European War. He thinks, and in all probability he is correct, that the German people do not understand that the Anglo-American newspapers have not the influence among the people that the German newspapers have in that country in shaping public opinion. Of course all newspapers in every part of the world are to some extent full of errors, exaggerated statements and prejudices. Possibly the writer may not be too radical in his statement when he says that American editors lead the world along this line and in all probability, too, he is correct when he states that German newspapers adhere to facts more than do newspapers in any other section of the world. Whether this is the best for the people is unquestionably debata-

ble. The policies of newspapers that are censured are not every time the most valuable.

In order to develop people, they must have discriminative knowledge and beliefs of their own. They must be able to recognize prejudices and misstatements and maliciousness themselves and not be dependent upon the censure bureaus.

The writer exhibits, as he has the ability to do, his prejudice against Great Britain and her policies. He is guilty of just the thing that he condemns in newspaper journalism. The book would be interesting to those who have his view point. I certainly do not believe that now is any time for the Irish people, as much as I like them, to be trying to intimidate the British government. Anyone who is reasonably well informed about political affairs in Ireland will unhesitatingly admit that they have the best and cheapest government in the world. They are wisely governed and pay very little tax for the same.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica, and Diagnosis in the Jefferson Medical College Hospital, etc. Assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia; Ophthalmologist to the Frederick Douglass Memorial Hospital; Instructor in Ophthalmology, Philadelphia Polyclinic Hospital. Volume 11. June, 1915. Lea and Febiger, Philadelphia and New York. 1915. Six dollars per annum.

This is possibly the largest volume of this valuable series that has come to this office. It contains 445 pages, including the index which is always appropriately and conveniently gotten up.

We have always had a feeling that these numbers should be in cloth instead of paper binding. As usual, the illustrations are quite numerous and suitably illustrate the text. We always have an inclination, even before examination, to commend the architecture of a book written by Dr. Hare. His ideas along this line are always easily recognized. His text-books are arranged in such a way that appeals to the teacher and also to the student and practitioner.

I hope the reviewer will be excused if he especially mentions the chapter by Dr. Jno. C. A. Gerster entitled, "Surgery of the Abdomen, Exclusive of Hernia." The

illustrations in this chapter are numerous and excellent. This chapter consists of over 130 pages. For the surgeon it is invaluable.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. August, 1915. Published by W. B. Saunders Company: Philadelphia and London. Price per year: \$8.00.

This number resembles in architecture the former numbers. It has several X-ray illustrations that are fine. Figure 195 shows the anteroposterior view of skull and cervical spine. The odontoid process, seen through the mouth, is exceptionally well defined. Throughout, the volume typically confirms what I frequently say when looking over books, that if they are not well illustrated they are comparatively worthless. A publisher has learned to know what a good seller is and there is no demand for literature now without appropriate illustrations.

The Profit And Loss Account of Modern Medicine And Other Papers. By Stuart McGuire, M.D., F.A.C.S., Professor of Surgery, Medical College of Virginia; Surgeon in charge of St. Luke's Hospital; Visiting Surgeon, Memorial Hospital; Ex-President of the Richmond Academy of Medicine and Surgery, of the Medical Society of Virginia, of the Tri-State Medical Association of Virginia and the Carolinas, of the Southern Surgical and Gynecological Association, of the Southern Medical Association, etc. Illustrated. Richmond, Virginia, L. H. Jenkins, Publisher. 1915.

It was a very happy thought that went to Dr. McGuire when he decided to compile the many and valuable papers that he has read before the various leading medical associations in the United States and present them in book form to his medical friends. When papers of this kind are intelligently and appropriately compiled and accurately and fully indexed, we have a volume equal if not superior to many books containing the same amount of reading matter written and published in regular book form.

Dr. McGuire's friends will appreciate this volume very much and it is certainly kind and thoughtful of him to furnish his friends complimentary such a valuable book. His style of writing is certainly very attractive. It is easy for him to make clear his points. He carries with his statements the conviction that he is

right and when dealing with a surgical subject, it is easy to see that he is a master in surgery.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Pathology, Rhinology, Otolaryngology, Hygiene, etc. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, with the collaboration of Chas. H. Mayo, M.D., Rochester, Sir Wm. Osler, Bart., M.D., F.R.S., and others. Volume III. Twenty-fifth Series, 1915. Philadelphia and London: J. B. Lippincott Company. Price \$2.00.

No book comes to this office that is examined with more interest than International Clinics. It is almost invaluable in a doctor's office. If a physician reads with regularity these volumes as they are published, he not only keeps well informed but will soon develop into a very well informed physician or surgeon. This volume is not so profusely illustrated as we notice in some of the other volumes but the text is unusually fine. The general architecture of the book remains the same. The number of pages remains about the same, three hundred and two. There is one thing about International Clinics that is noticeably good and that is the index. We take pleasure in recommending the book. Every physician ought to have it in his library.

Practical Materia Medica and Prescription Writing. With illustrations. By Oscar W. Bethea, M.D., Ph. G., F.C.S. Assistant Professor of Materia Medica and Instructor in Prescription Writing, Tulane University of Louisiana. Formerly Professor of Chemistry and Professor of Pharmacology, Mississippi Medical College, etc. Philadelphia: F. A. Davis Company, Publishers. 1915. Price \$4.00.

Dr. Bethea has given us a volume containing 550 pages. It is carefully prepared and the reviewer can say with candor that it is the best book of its kind that has been printed for some time. In most every department of medicine and surgery we have an abundance of literature published annually, sometimes we think possibly too much, but the literature dealing with materia medica is very scant and we have no volume dealing with prescription writing that will

compare with this. The department dealing with prescription writing alone is worth the price of the book, \$1.00. Nearly two hundred pages are devoted to this part of the book and as many as five hundred illustrative pictures are incorporated. If anyone wants to write an especially neat prescription, this feature would be valuable and interesting to him.

Dr. Bethea stands out conspicuously among the few of our great southern medical gentlemen and we feel especially proud of this volume on that account.

Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume V. Pediatrics. Edited by Isaac A. Abt, Professor of Pediatrics, Northwestern University Medical School, Attending Physician Michael Reese Hospital. Orthopedic Surgery. Edited by John Ridlon, A.M., M.D., Professor of Orthopedic Surgery, Northwestern University Medical School, with the collaboration of Charles A. Parker, M. D. Series, 1915. Chicago: The Year Book Publishers, 327 S. La Salle St.

This volume, coming to me periodically ten times a year, is very helpful and very valuable. It is a beautiful little volume usually containing about two hundred and fifty pages well arranged and beautifully gotten up. As I frequently say, a volume that is not fully indexed is not so valuable. The volumes usually carry appropriate illustrations. Dr. Abt is an authority on pediatrics. A general practitioner can never do better anywhere than to read what he has to say on this subject. We are always eager to examine his writings on a subject that we are interested in. His article in this volume dealing with infant feeding is one of the best that I have ever read.

Price of this volume, \$1.35. Price of the series of ten volumes \$10.00.

Habits That Handicap. The Menace of Opium, Alcohol, and Tobacco, and the Remedy. By Chas. B. Towns. New York: The Century Company. 1915.

This book of about three hundred pages is a very interesting publication and is the first of its kind, so far as I know, that has ever been published. The recent sensational legislation against traffic in habit forming drugs has brought to light startling facts about the pre-

valence of drug addiction among all classes of people, not excluding doctors. Mr. Towns, whose life work is the treatment of victims of these habits, is largely responsible for the legislative campaign. In this book he sums up his experience in regard to the prevalence of drugs and the methods of treatment and cure. He extends his discussion also to alcohol and tobacco.

The author of this book is the manager and owner of the well known Towns Hospital in New York City. For those who are interested in this class of literature, the book will be very interesting.

Fractures and Dislocations. Diagnosis and Treatment. By Miller E. Preston, A.B., M.D., First Lieut. M.R.C., U.S. A.; Surgical Examiner, Colorado State Board of Medical Examiners; Formerly Police Surgeon, City and County of Denver, Instructor in Anatomy, University of Denver, and Visiting Gynecologist to City and County Hospital, Denver, Col. With a chapter on RONTGENOLOGY by H. G. Stover, M.D., Professor of Rontgenology, School of Medicine, University of Colorado. 860 Illustrations. St. Louis: C. V. Mosby Company. 1915. Price \$6.50.

One could not look over this book without a feeling of great admiration. It has only been out of the press for a few months but it seems to be very favorably received in this short time. It contains 860 illustrations and the most of them are original. The publishers make this truthful statement, that it is the most profusely and appropriately illustrated book that has ever come from the English medical press. Almost half of the illustrations have been taken immediately following the injury, in many cases not more than fifteen minutes have elapsed after the injury before the photograph was made. This renders the illustrations especially valuable and unique.

I will also call your attention especially to Dr. Albee's work on Autogenous Bone Graft. This is not found in any other publication.

Dr. Preston has a beautiful style of writing. It is entertaining to follow him. It is wonderful how clearly and how forcibly he deals with surgical matter, not only in this volume but other writings that the editor of this journal has had the pleasure of examining. It was only a few days ago that we remarked that a medical book, and especially a surgical book, that did not appropriately illustrate the text was not so valuable.

Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume IV. Gynecology. Edited by Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School, Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and Herbert M. Stowe, M.D., Assistant Professor of Obstetrics, Northwestern University Medical School; Attending Gynecologist to Cook County Hospital. Series, 1915. Chicago: The Year Book Publishers, 327 S. La Salle St.

This is the fourth volume of this valuable and interesting series. It is always a pleasure to me to receive one of these volumes. They come to me ten times a year and I value each one of them. I do not believe that I have any books that come to my office that I value more or refer to more. They will enable a medical gentleman to keep well informed on medical and surgical subjects, or any of the collateral sciences.

The general management of these volumes is in charge of Dr. Chas. L. Mix, professor of diagnosis in the Northwestern University. His writings and his work are valued wherever they are known.

A Text Book of Chemistry and Chemical Uranalysis for Nurses. By Harold L. Amoss, S.B., S.M., M.D., Dr. P. H., formerly Chemist, Hygienic Laboratory, U. S. Public Health Service; Physiological Chemist, U. S. Bureau of Chemistry; Instructor in Physiological Chemistry, George Washington University Medical School; Assistant in Preventive Medicine, Harvard Medical School. 12mo, 268 pages. Cloth, \$1.50, net. Lea & Febiger, Publishers. Philadelphia and New York, 1915.

The outstanding characteristics of this volume are its clear diction, extremely lucid explanation and definition and the consistent emphasis placed on those aspects and bearings of chemical science, a knowledge of which is certain to be of practical advantage to the nurse.

Dr. Amoss has made a careful but very concise survey of the whole subject, making clear the terminology of the science, afforded definitions of unusual lucidity and selected for more detailed consideration those points, an under-

standing of which must increase the capacity of the nurse for intelligent service. To this end stress is laid on the chemistry of foods, of metabolism and of digestion, and on uranalysis and allied subjects. A clear grasp of the requirements of the nurse has enabled him to avoid the two extremes of superficiality and of too minute attention to detail and the more complicated aspects of his subject. Technical terms are elucidated and laboratory procedures explained. A useful feature is a brief and most enlightening summary, at the end of each chapter, of the information the author has endeavored to impart. The nurse who devotes serious attention to this volume will have an intelligent working knowledge of general chemistry and a useful, well grounded, understanding of the science as it bears on her work.

A Synopsis of Medical Treatment, by George C. Shattuck, M. D. Second Revised Printing of the Second Edition. Price, \$1.25. W. M. Leonard, Boston, Publisher.

This book presents clearly and concisely sound principles of treatment, based on known pathology. The methods described are selected from those that have been tried at the Massachusetts General Hospital and in private practice. Hence the work sets forth in detail The Post Graduate Course in Clinical Medicine given, at the Hospital, by well known teachers.

The first edition was twice printed. In reprinting the second edition opportunity has been used to revise and complete minor details.

The repeated editions and printings of this book indicate its practical value to physicians.

As was stated of the last printing in a review in a prominent journal, "Of particular value is the opportunity which this little handbook affords, of gaining an insight into the important rules of Treatment as carried out in one of the largest and oldest hospitals of this country. The worth of the book is out of all proportion to its size."

Abstracts of the Leading articles of the month.

Antimony of Syphilis.—McWalter (British Medical Journal) says that the true antisyphilitic drugs, according to Neisser, are those which have the power of killing spirochaetae. These are mercury, arsenical compounds, including sal-

varsan, and antimony. Concerning antimony, Neisser does not think there is any evidence yet of its efficacy in human syphilis, but he states it has a destructive action on the spirillosis of animals.

Neisser's view of the ideal drug is one which would combine arsenic, as in salvarsan, with mercury, and he considers it would be made still more powerful by the addition of antimony.

The whole world is now drenched with salvarsan, given mostly in heroic doses, and a reaction has set in. (1) Instead of the "therapia magna sterilisans" of Ehrlich, Neisser advocates a combination of drugs, in moderate doses, continued for over a year. He states that while a non-toxic dose of each drug may be given, the combined effect is powerful. (2) Some spirochaetae are affected more by mercury, some by arsenic, some are probably more affected by antimony. (3) Mercury and arsenic destroy spirochaetae in different ways. More modern views seem to suggest that the treatment of syphilis must consist not only in killing the treponemas, but rendering the blood unfavorable to their reproductive functions, and resistant to the life-cycle of the infective organisms. The seed, the soil, the cycle, have all to be modified by therapeutic agents, and to suppose that any one drug is surely fantastic.

A substance called "antilutin" has recently been introduced by Tsuzuki. It is a compound of antimony oxide with potassium tartrate and ammonium, and it is administered hypodermically in solution, about 3 grains being given in divided doses in four days.

He has used antimony in the treatment of syphilis for fifteen years, and it appears to be a drug of very considerable value for both the nervous and epithelial tissues.

It is worth noting that although Neisser states that there is no evidence that antimony cures syphilis in the human subject, Plummer's pill, which contains sulphide of antimony, has been in the Pharmacopoeia for ninety years. It was claimed then that it had a specific action on skin disease of a syphilitic type. The writer's experience goes to show that, whilst the curative effects of antimony on syphilitic lesions are very much like those of arsenic, it is distinctly milder in character, and seldom or never followed by optic neuritis or by the fatal effects attributed to arsenical compounds. It seems proper to analyze the thera-

peutics of each one of what Neisser classifies as antisymphilitics in view of a very recent conclusion, after a careful analysis of all the fatalities by salvarsan, that "death by salvarsan is nothing less than death from acute paralysis of the circulation by arsenic. Theories which attribute catastrophes to impurities of the solution, alcoholism in the patient, injudicious selection of cases, or technical errors in administration, must be abandoned. Both salvarsan and arsenic are vascular poisons acting directly on the blood-vessel wall, the blood itself, and the vasoconstrictor center producing a circulatory stasis or local thrombosis and their associated symptoms." In Ireland, where famine or relapsing fever, one of the earliest diseases proved to be due to a spirillum, was unhappily frequent, antimony appears to have been given both in that disease and in typhus.

He has nothing miraculous to report about the effects of antimony in syphilis, except the fact that he has given it for many years, and absolutely without fatalities. The author does not think it will cure syphilis if given alone, but it certainly assists the cure if mercury be also given. It appears to be particularly useful in the dermatological manifestations of the disease, and the cases which he has treated with it were notably free from nervous complications. The doctor thinks the red sulphide—or antimonium sulphuratum—is the most convenient salt to employ. The dose should not exceed from 1 to 2 grains, but must be continued daily for two or three months—with occasional intermissions of a few days. It is, he thinks, a peculiarly useful drug in the fatal bronchopneumonia which carries off so many infants the subjects of inherited syphilis. Antimony was a panacea for almost every disorder in the seventeenth and eighteenth centuries. It cannot be denied that it had frequent good effects in various types of mania, and it seems safe to assume that many of them were of a syphilitic genesis, and it is fair to suppose that any beneficial effects were due to the spirillicidal properties of antimony.

Internal Use of Red Iodide of Mercury in Enlarged Malarial Spleen.—Datt (Indian Medical Gazette) says that of all the counter-irritants to the enlarged spleen red iodide of mercury stands first in reducing it, although there are other counter-irritants of the same nature, but

of inferior value in these cases. In his opinion, red iodide acts not by its irritant action in these cases, but by absorption it produces certain changes in the system which cause increased leucocytosis, and thus it effects the cure.

Bearing this view in mind, he has been using this drug internally with marked success in several cases for the last two years. It reduces the spleen and improves the health of the patients. The doctor has never seen any bad results from its administration. If it proves equally efficacious in other hands as it did in his, its use will make a considerable reduction in the expenses of the dispensary and at the same time increase the comfort of the patient.

Datt uses this drug alone and only internally the following way:

Red iodide of mercury, gr. 1-20;

Potass. iodide, gr. ij;

Aqua, dr. iij.

After two weeks he increases the dose to gr. 1-16 per dose.

On taking the blood counts, the writer has found that it increases leucocytosis. The earliest test saw it increased on the tenth day, when the leucocyte count rose from 1500 to 2500. The differential counts also show these changes. At first the large mononuclears are not increased, but afterward there is an increase of the large mononuclears with increase of the polymorphonuclears and of the small mononuclears.

The writer would suggest that this drug be tried in kala-azar cases.

The author is experimenting with it in healthy men to find whether it increases leucocytosis, and will publish his results later on in these cases.

Generalized Emphysema.—Rivet and Brodin (*Bull. gen. de ther.*) describes generalized emphysema as an infiltration of the tissues with air from the mediastinum, and diffused to long distance through the cellular tissues. It may occur at any age, but is especially frequent in children, which is explained by the laxity of the tissues in the mediastinum and subcutaneous tissues, and the fragility of the lungs and feeble resistance of the alveoli. Surgical emphysema may result from a fracture of the cartilages of the larynx, tracheotomy, intubation, foreign bodies in the respiratory passages, exploratory punctures of lungs and pleura. Medically it may result from two elements, a solution of continuity of the respiratory passages and respiratory efforts such as cough, and dyspnea, driving the air through a breach into the extra-

pulmonary spaces. The symptoms are gaseous swellings, dyspnea, etc. Whooping-cough and bronchopneumonias are especially liable to cause this complication. Ganglio-pulmonary tuberculosis is a frequent factor. An intercurrent infection causing dyspnea may be added to tuberculosis, causing rupture of the alveolar sacs. A cheesy tubercle may be subpleural; or a bronchus may ulcerate from a mediastinal gland. An old cavity may become opened into the alveoli. Swelling is very large at the base of the neck; there are superficial crepitation, coarse and fine rales within the thorax, rhythmic with the respiration or the heart beat. Death will occur soon if the case is to be fatal; if not, the air will gradually be absorbed and the tissues return to normal. In very young infants it is generally fatal. Infection is not liable to occur. Treatment is to be addressed to the causal condition. To lessen the cough hot cloths may be applied to the thorax, oxygen given, and camphorated oil injected.

The Less Schematic Treatment of Infants in Hospitals.—Stolte (*Jahrbuch, f. Kinderheil.*) discusses the undoubted fact that infants do not do as well in hospitals as they do in private houses. Hospitalism of children is a well-known fact. It is also known that infants in foundling asylums show a very large mortality. The author believes that this is the case in the best managed institutions and under the best formulæ of feeding. He thinks that if we are able better to imitate the conditions to be found in a private house and to make the feeding less stereotyped we may get better results in asylums and hospitals. He tried an experiment in this line, allowing the caretakers in the University Children's Clinic to vary the feeding a little, to give small amounts of vegetable material as would be done at home, and later to give some variety. He gives the history of the cases so treated and the excellent results obtained. There was an increase in the weight curve, an improvement of the general condition, the color, the substance of the flesh and the agility and crying ability of the children. He does not believe that it is the liability to infections that is seen in hospitals that accounts for the greater death-rate, although the management of the institutions should be improved in this direction. But the lack of the mother-love and individualizing care is responsible for much. These are of great benefit to the psychical condition of the child. We can easily

demonstrate the effect that shocks have on the ability of the infant to take and digest food and to carry on good bowel action. The author cites cases in which shock in nervous children brought on attacks of diarrhea. The size of the last meal, the length of the interval, the content in fats of the feeding, all have an influence on the appetite of a child. The grown person is guided by his appetite, the infant takes what is given him. The older child sits at the table and tastes what he likes. In only a few cases of constitutional anomaly can we say that a certain quantity of milk should never be exceeded. An imitation of this less regular nourishment had a good effect on the child experimented on. Howland and Schlossman have shown that a crying child needs a larger number of calories than a quiet one.

Curability of Tuberculous Meningitis.

—Bokay (Arch. f. Kinderheil) says that so fatal is tuberculous meningitis that a diagnosis of this disease is equivalent to a sentence of death. Nevertheless there are recorded undoubted cases of cure of this affection. Rilliet cites a case in a boy of five years of age, in which the classical symptoms of meningitis were present, but cure resulted. Five years later the child died of a second attack. Autopsy showed cheesy masses in the hemispheres with the fresh inflammation of the meninges. He tabulates five cured cases from Dujardin-Baumetz, Barth, Thomalla, Moutardo-Martin, and Uthoff in which the diagnosis was established by the finding of tubercles of the choroid by means of the ophthalmoscope. It is now possible to establish the diagnosis by lumbar puncture and examination of the cerebrospinal fluid and its inoculation into animals. He has collected twenty-nine cured cases which had been examined thus and the diagnosis established, to which he adds two cases observed by himself. Of twenty-three cases, nineteen were males and four females. Ages varied from two to forty-four years. From two to twelve years there were eighteen cases cured; from sixteen to forty-four years, there were twelve. There were no cases under two years. The cases had remained cured from seven to fourteen years. These cases did not all remain permanently cured, for in one-third there was a second attack of meningitis ending in death. The author gives histories of three cases seen by him, and tabulates the twenty-nine cases collected from literature.

There appears to be no doubt that we may get a cure of tuberculous meningitis when the brain alone is affected, the other organs remaining entirely or nearly normal. That tuberculosis may be primary in the brain has been demonstrated by Demme. The effect of lumbar puncture appears to be a favorable one on the course of the disease.

Pruritus Ani.—Norbury (The London Practitioner) gives this advice as to treatment: It must be both local and general. In the first place, if a definite cause can be discovered, such as threadworms, these must receive appropriate treatment. It is obviously only a temporary expedient to treat the local manifestations, unless the prime cause of the condition be also dealt with. The urine should be examined for sugar. If a fissure, fistula, or hemorrhoids be present, they must receive proper attention, hypertrophied papillae should be cauterized; granular proctitis should receive local applications by means of the sigmoidoscope or by rectal injections. In every case a careful investigation should be conducted, in order to try and find the causative factor and to remove it if possible.

At the same time various local applications to the anal skin and its surroundings may be employed with marked benefit. If no definite lesion can be discovered to account for the symptoms, the treatment will of necessity be palliative. Various ointments may be employed: mercurial ointments, ichthyol, carbolic ointment, or a preparation of lead acetate and oxide of zinc.

Bathing the part with 1-in-20 carbolic lotion will often give temporary relief. Ointments of cocaine or cocaine and bismuth will enable the patient to secure a few hours' sleep, when applied at bedtime. A method the writer has adopted on many occasions, and one which will often produce cessation or amelioration of symptoms, at any rate for several weeks if not longer, is to shave off the hairs of the anal skin and its immediate neighborhood, and then carefully to paint the anal folds and the spaces between these, not forgetting the post-anal groove, with pure phenol. This renders the part tender for a few days, but a good result is often obtained; zinc ointment is employed, until all soreness and tenderness have disappeared.

He has had one or two cases treated in this way in which relief from symptoms has been a lasting one. Thigenol—a synthetic sulphur compound, which may be used as a pigment or an ointment—

may be applied in a similar way with good effect. It may be necessary to try many different varieties of applications before any marked effect is obtained. In very intractable cases, some form of operative treatment is usually required.

The following operations have been employed, often with marked success:

1. Scraping of the affected anal skin, after thorough stretching of the sphincter and excision of any anal tags of skin or hypertrophied anal rugae. The actual cautery may take the place of scraping, the application starting just inside the anus and extending radially.

2. Ball's operation has for its object the division of all the terminal branches of the sensory nerves supplying the affected area. The patient is placed in the lithotomy position, and a semicircular flap of skin and subcutaneous tissue is dissected up from without inward toward the anus from each side, leaving a bridge of skin about one inch wide both in front and behind. These bridges are undercut to divide any nerve filaments. The outer concave edges of the incisions are also undercut. The flaps are raised as far as the anus, exposing the external sphincter, and the dissection carried up to beyond the mucocutaneous junction. Bleeding is stopped, and the flaps replaced and sutured. The results of this operation are very satisfactory; the pruritus is relieved or cured, and cutaneous sensation is gradually restored.

3. Krause's operation consists in making from four to six linear incisions, radiating from the anus, through the skin and subcutaneous tissue. The skin is undercut between adjacent incisions, until the whole affected area is undermined. Bleeding is stopped, and the skin sutured.

4. A modification of this operation has been devised by H. Graeme Anderson. Subcutaneous neurotomy is performed in the following way: A small incision is made on either side of the anus. A pair of scissors is then introduced, and the subcutaneous tissue, in which the sensory nerves are situated, is divided freely toward and away from the anus and around the whole circumference of the anal orifice. The incisions are sutured, and firm pressure applied to arrest hemorrhage. The results obtained by this method of treatment have been very encouraging.

There is said to be less risk of sloughing of the skin with these last two operations than with Ball's operation.

Another method of treatment, which has been tried recently for cases of chronic pruritus, is that of zinc cata-

phoresis. A 2-per-cent solution of zinc sulphate is placed in the rectum, one electrode is placed over the bowel and the other on the back or some other portion of the body. A current of 40 milliamperes is employed for about ten minutes at a time. This process may have to be repeated on several occasions at intervals of a few days. Temporary relief has been obtained by this method, but the ultimate results have not been very satisfactory.

Study of the Basis of Abderhalden's Serum Reaction.—Bullock (The London Lancet) says that it was found impossible to cause the production in rabbits of a ferment which digests coagulated egg white by the injection subcutaneously, intraperitoneally, or intravenously of raw egg white. A minute quantity of amino-acids is present in 10 c.c. of blood serum of rabbits and dogs, and it was found that after a bleeding these substances are increased in amount. An autolytic ferment is found in the blood serum of rabbits, dogs, and in human serum. The serum of the pregnant rabbit is unable to break down rabbit placenta, and the serum of the pregnant bitch is unable to break down dog placenta. Human blood serum from the pregnant female and from the healthy male, incubated with human placenta, produced by chemical or physical action amino-acids. Rat blood serum ("normal" and "tumor") breaks down rat tumor. Guinea-pig serum ("normal" and "tumor") breaks down guinea-pig tumor and mouse tumor. The blood serum of the guinea-pig was not rendered more active in this property by a previous inoculation of the animal with mouse tumor. The method devised by Abderhalden, even with the technical improvements described, is thus seen to be inadequate to distinguish normal from pregnant or cancerous sera. The fundamental experiments adduced by Abderhalden do not, on repetition, give the results stated by him, and a proteolytic ferment normally present in the serum of mammals acting on tissue substrates of varying lability, prepared in accordance with his directions, in all probability accounts for his results and their confirmation by others.

Experience with the Matas Operation of Endoaneurismorrhaphy.—Gessner (New Orleans Medical and Surgical Journal) reports seven cases, adding one to those he has previously reported. The simplicity of the operation, its economy of vessel continuity, the resultant reduc-

tion to a minimum of the danger of gangrene through sacrifice of collateral vessels, appeal strongly for this method of treating aneurisms. The restorative method is applicable to the sacciform aneurisms, where one aperture alone exists between the vessel caliber and the abnormal cavity of the aneurism. Here, after provisional hemostasis has been secured, the sac is laid open, and from within it the one opening which conducts blood out of the artery is closed with Lembert suture, and its caliber is thus restored. After invasion of the sac the orifices of entrance and exit and of the collateral openings are closed by direct encircling sutures.

The reconstructive operation is applicable to aneurisms of the fusiform variety, a new channel being established by suture over a rubber tube placed beneath the two orifices as a guide in determining the vessel caliber. This provides a new arterial tube for the transit of blood, but one made of tissue that has already shown its unfitness to carry blood under pressure. The present tendency is to employ this method only in such cases as show deficient collateral circulation.

Of the seven cases reported, all were of negro descent. In three cases the aneurisms were fusiform. In one there was a false aneurism and three arteriovenous. Four of the cases were due to gunshot injuries. Four obliterative operations were done, three restorative and one reconstructive. No gangrene, no hemorrhage, nor recurrence followed the operation, nor did any of the cases die, though one perished of erysipelas eighteen days after operation, the infection being derived from another case adjacent to the patient in the ward; while a second died of multilocular prostatic abscess forty-three days after operation.

It will be remembered that Matas has reported 225 cases of aneurism treated by his method, to which he in the discussion on this paper contributes 33 more, thus making in all 258 cases. Over 91 per cent. made complete recoveries. There was 8 per cent. mortality, and of the entire number there were only three relapses. Matas states that whenever the parent artery opens into the sac by a single and comparatively narrow orifice, the restorative operation, which simply restores the lumen of the vessel by suturing the orifice, is an easy procedure which almost imposes itself as an obligate duty on the part of the surgeon. In case there are two orifices separated by a variable interval, one the inlet and the other the

outlet of the sac, the question of reconstructing the parent vessel by an arterioplasty will depend upon two factors: first, the efficiency or inefficiency of the collateral circulation in the peripheral parts beyond the aneurism; and second, the conditions existing in the sac, which will or will not permit reconstruction of the vessel out of the material formed by the sac. In deciding for the obliterative or a reconstructive operation the efficiency of the collateral circulation is a matter of supreme importance. If this collateral circulation is demonstrated to be efficient before the operation, it is evident that a simple obliteration of the orifices in the sac by suture is all that is required, and that an arterioplasty is unnecessary.

As to the means of determining the status of the collateral circulation, Matas has devised two simple procedures which find their separate application according to the topography of the aneurism. The first, the hyperemia or vascular color test, is applicable to all the aneurisms situated in the extremities. The prophylactic and occlusive band test, with the aluminum bands, is applicable to the aneurisms of the neck and root of limbs in which temporary ischemia cannot be obtained by a mechanical compressor, which will temporarily occlude the main trunk.

In every case the blood-pressure and condition of the heart should be carefully investigated, because if the blood-pressure is low collateral circulation will establish itself with difficulty, and if it is high a temporary occlusion of the aorta in the high intrapelvic aneurisms may lead to a dangerous strain on the myocardium. However, the high tension indicating a responsive heart will be safer than low pressure, which may have to be raised by cardiac stimulants (digitalis, adrenalin, pituitrin,* and other means) before attempting operation.

In addition the coagulation time of the blood should be tested before an operation is undertaken in any case, but especially in aneurisms of spontaneous origin in arteriosclerotic subjects of advanced age, who are prone to thrombosis and embolism. While there is no absolute means of reducing this coagulability and diminishing the thrombogenic tendency, the suggestions recently offered by Kuhn, who confidently recommends the preliminary intravenous or hypodermic injection of glucose solution, aided perhaps by Wrigth's citric and acid lemonade, are worthy of remembrance.

Baccillary Dysentery and its Treatment.—Musgrave and Sisson (Philippine Journal of Science) state that the routine treatment which has given the most satisfactory results consists in the following:

First, absolute rest to save the strength of the patient and to prevent the involvement of the larger segment of the intestine.

Secondly, the early administration of some mild laxative, preferably sodium sulphate or magnesium sulphate, preceded by fractional doses of calomel in order to diminish the presence of infecting material in the gastrointestinal tract, as well as to get rid of some irritating material that might be present there. The administration of *simaruba officinalis* combined with some opiate is highly recommended, for it has given the writers the most satisfactory results in comparison with the use of other drugs. As an adjuvant to this treatment, the judicious use of normal salt solution as an enema, or given in the form of the drop method per rectum in the amount of one liter once a day, is sometimes very beneficial.

When the acute stage of the disease has subsided, enemata of hydrogen peroxide in weak solution once a day are a great help toward prompt recovery.

The use of ipecac, although strongly recommended by some writers, has not given them universal satisfaction. While some patients are benefited by this drug, there are a great many cases in which the use of ipecac becomes another sort of torment to the sufferer. There are many persons who abhor this drug to such an extent that even the smallest amount of it, though combined with opium, is apt to produce in them marked emesis. They have seen cases that were not even able to tolerate Dover's powder given in almost homeopathic doses. This is the greatest drawback to ipecac, and the decemetinized preparation is almost useless, as the active principle of the drug, the emetine, is the only one that has some therapeutic action in the treatment of dysentery. The use of astringents and the so-called gastrointestinal antiseptics the writers have given up as unsatisfactory. Although there is a small percentage of patients who recover under this treatment, one should remember that there are cases that get well even without any medical treatment, and the authors consider it problematical whether or not the usual astringents and gastrointestinal antiseptics are really

beneficial in the treatment of this disease. The fact must be kept in mind that most of the astringents and so-called intestinal antiseptics, such as bismuth, tannic acid preparations, salol, beta-naphthol, benzonaphthol, benzoic acid, and others, have an irritating action upon the stomach and intestines, especially if they are given in large amounts and over a considerable period of time.

The use of the ice-bag over the abdomen is a great help in diminishing the abdominal pain, and hot turpentine stupes frequently are useful for the same purpose.

The essential part of the treatment, however, is dietetic. During the first twenty-four hours of the acute stage of the disease food must be withdrawn. Pieces of cracked ice may be given to allay thirst. At the end of twenty-four hours the patient is allowed albumen water or rice or barley water, and later skimmed or peptonized milk. When improvement has begun, milk, broth, beef juice, and orange juice may be given. The mouth must be frequently cleansed with an antiseptic mouth-wash to prevent the frequent complications of parotitis and gastritis.

The serum treatment, first recommended by Shiga in 1898, has both advantages and disadvantages. If the variety identification of the bacillus which is the cause of the infection can be carried out with readiness, as well as with accuracy, this scientific treatment ought to yield a greater percentage of cures than usually is obtained. For practical purposes, however, especially in those cases that have to be treated in places where the means of identifying the infecting microorganism are not available, it is a failure in most instances. The sera of patients suffering from one form of bacillary dysentery usually will not agglutinate other varieties of *Bacillus dysenteriae*.

It is possible that Flexner's polyvalent serum might be used for any acute bacillary dysentery. However, streptococci, staphylococci, colon bacillus, and others concerned in the production of colitis under certain circumstances, will make the use of even a polyvalent serum unsatisfactory in many instances.

The Cultivation of Human Tumor Tissue in Vitro.

D. and G. Thomson conclude that the growth of human tumor tissue and normal human tissue can be obtained in vitro in a medium composed of fowl plasma to which extract of the human

tissue or extract of chick embryo has been added. The growth of epithelial cells differs from that of connective tissue cells. The former grow out in the form of buds or in a solid, advancing mass, whereas the latter radiate out in long, branching lines.—Royal Society of Medicine.

Miscellaneous.

Prescribe American Water.

The war brought to the owners of American medicinal and semi-medicinal springs the opportunity to emancipate the United States, commercially, from the supremacy of imported mineral waters of the curative type. For years and years the Government's scientists at Washington have been turning out pamphlet after pamphlet to prove that the United States contains springs yielding waters of every sort used in the treatment of ailing mankind.

Not a famous spring in Europe but has its counterpart in the United States, only more efficient and productive, has been pointed out by the Government's mineralogists.

Take the type of aperient waters for which the good people of the United States have been sending for years and years hundreds of thousands of dollars annually to Hungary, although there are any number of springs in the United States yielding a mildly laxative mineral water.

Among these springs we refer particularly to French Lick Springs the home of Pluto Water. The most improved apparatus is used throughout the bottling plant and every known sanitary precaution has been taken to insure the purity of this famous water. Pluto Water produces a mild tonic effect upon the mucous membranes of the stomach, due both to the gases and the salts, and owing to its water and its salt, it is also diuretic. It also serves to dilute and wash out waste material from the system through the kidneys. Patients will usually drink Pluto Water who will not or cannot drink sufficient ordinary water.

Samples and literature will be forwarded promptly upon application to the French Lick Springs Hotel Company, French Lick, Indiana.

Enlarged Field of Ipecac Therapy.

Since the introduction of Alcresta Tablets of Ipecac, Lilly, a preparation that makes it possible to administer large

doses of the ipecac alkaloids by mouth, reports from various sources indicate its value in several diseases. It has been used with excellent results by several physicians of note in the treatment of anemia, gastritis and arthritis due to pyorrhea, and reports also tend to confirm its indications in typhoid fever, hemorrhages of a capillary character, tonsillitis and bronchitis.

Alcresta Tablets of Ipecac first came into prominence in the treatment of pyorrhea and amebic dysentery for which they are said to be a specific. In prescribing the tablets for the former malady it should be borne in mind that the best results will be obtained by recommending the patient to a dentist for proper cleaning of the teeth. It is interesting to note that pyorrhea is often complicated with other diseases and that these complications have often been ameliorated or entirely relieved after the administration of Alcresta Tablets of Ipecac.

Statements of marvelous cures have not been uncommon and while many of the claims sound extravagant, investigations in many instances have proven interesting and will assist materially in marking out the true field of ipecac therapy.

Eli Lilly and Company of Indianapolis are endeavoring to learn the true status of ipecac in the treatment of disease and will welcome reports of the success or failure from the readers of The Charlotte Medical Journal.

Corpora Lutea.

That Corpora Lutea is a therapeutic agent of great value in the treatment of certain diseases and conditions peculiar to women is now an established fact. It is known that functionally the corpus luteum sustains a more or less important relation to ovulation, menstruation, nutrition of the genitalia, lactation, etc. Perversions of these functions, as seen clinically, are often susceptible of correction by the administration of corpora lutea from animals in properly prepared form. For this vicarious therapy the ovaries from cattle and swine are procured and the corpora lutea removed, dried and powdered. This material is supplied by Parke, Davis and Co. in capsules of five grains each, equivalent to about thirty grains of fresh corpus luteum. The usual dose is one capsule three times daily, taken at least an hour before meals.

Corpora Lutea, P. D. and Co., has

proved advantageous in the treatment of functional amenorrhea, dysmenorrhea of ovarian origin, manifestations of physiologic or artificial menopause, neurasthenic symptoms during menstrual life, sterility not due to infection or mechanical obstruction, loss of one ovary and inadequate functioning of the other, repeated abortions not due to disease or mechanical factors, hyperemesis in the early months of pregnancy, and migraine occurring during the menstrual period.

As one writer has well said, it seems highly probable that "in corpora lutea we have an agent that will prove a blessing to womankind."

"The Medicinal Trocar in Dropsical Effusion" is the descriptive phrase used by the manufacturers of Anedemin to explain its purposes and action in the treatment of all forms of dropsy resulting from the heart liver and kidneys.

Anedemin is indicated in cases of ascites, anasarca, Bright's disease, nephritis cirrhosis and valvular disturbances, and those other conditions accompanied by forms of edema. It is a prompt and positive hydragogue and an efficient diuretic—is an ideal cardiac tonic. Can be pushed to a finish—is non-toxic and not cumulative. The formula of Anedemin includes apocynum cannabinum, urinea scillea, strophanthus hispidus and sambucus. Complete formula given. Samples of Anedemin with interesting reports and literature will be mailed physicians on request to manufacturers. Anedemin Chemical Co., Chattanooga, Tenn. Anedemin is packed in sealed tins containing 100 tablets and with both wholesale and retail druggists throughout the United States.

The Reason Why.

There is every Reason Why Hayden's Viburnum Compound continues to enjoy the confidence of some of the leading men in the profession of this country, and why it is the sheet anchor with those who require a reliable and dependable Antispasmodic, Nervine, Sedative or Anodyne.

It is introduced exclusively to the medical profession and its acknowledged therapeutic efficiency depends upon Viburnum Opulus and Dioscorea Villosa, whose active principles are best presented through the careful selection and scientific compounding of these drugs in combination with simple carminatives.

Its almost universal employment by

the medical profession for over 45 years, and the unimpeachable testimony of its therapeutic efficiency by physicians, some of whom have enjoyed international reputation, has been based solely upon the fact that it produces results in those conditions in which it is particularly applicable.

The celebrated J. Marion Sims, the Father of Gynecology, said, "For severe Dysmenorrhea I have found Hayden's Viburnum Compound of great service." (Volume 2. Grailley Hewett on "Diseases of Women with notes by J. Marion Sims.")

F. H. Davenport, A.B., M.D., Assistant in Gynecology, Harvard Medical School, in his text-book "Diseases of Women," page 144, referring to Dysmenorrhea says: "Hayden's Viburnum Compound has seemed to be the most effectual remedy of this class." Again, Prof. D. M. R. Culbreth, Ph.G., M.D., of the Maryland College of Pharmacy and of the University of Maryland, in his text-book "Manual of Materia Medica and Pharmacology," page 592, referring to Viburnum Opulus, specifically refers to Hayden's Viburnum Compound and its properties as Diuretic, Tonic, Antispasmodic, Nervine, Astringent, and its uses in the Prevention of Abortion, in Nervous Diseases of Pregnancy, Dysmenorrhea, After Pains, Ovarian Irritation, Menorrhagia, Asthama and Hysteria.

The most natural question for you to ask yourself is "The Reason Why" you should prescribe Hayden's Viburnum Compound? There is no "Reason Why" you should prescribe this product just because Sims did, but "The Reason Why" J. Marion Sims prescribed Hayden's Viburnum Compound, was due to his knowledge of the therapeutic action of the drugs employed as presented in H. V. C., and the results which he secured through its administration.

"The Reason Why" Hayden's Viburnum Compound is such a successful therapeutic agent is because each drug employed therein has a definite and specific action according to acknowledged authorities in those conditions wherein it has proven applicable.

The employment of Hayden's Viburnum Compound in Dysmenorrhea, Menorrhagia, Rigid Os, Puerperal Convulsions, Post Partum or After Pains, Threatened Abortion or Threatened Miscarriage, Nervous Diseases of Pregnancy, Muscular Cramps, Cramps of Cholera Morbus, Bilious Colic, Hysteria and other conditions wherein the judg-

ment of the physician might think it useful, and which has been proven, by the action of the drugs employed, basing such claims upon recognized authorities. We first present to you Dysmennorea, following with other conditions above enumerated.

Dysmenorrhea.

Viburnum Opulus recommended in "Materia Medica and Pharmacy," Wilcox, page 330. "Materia Medica and Therapeutics," John B. Shoemaker, page 916. "Materia Medica and Pharmacology," Culbreth, H. V. C., page 592. "National Standard Dispensatory," edition of 1909. "King's American Dispensatory," page 2059, Vol. 2. "Materia Medica and Therapeutics," Ellingwood, page 586.

Dysmenorrhea.

Dioscorea Villosa recommended in "Materia Medica, Pharmacy and Therapeutics" by Professor Potter, page 266. "Materia Medica and Therapeutics," Ellingwood, page 336. "King's American Dispensatory," Vol. 1, page 660.

Menorrhagia.

Viburnum Opulus recommended in "Materia Medica and Pharmacy" by Wilcox, page 330. "Materia Medica and Pharmacology," Culbreth, page 592.

Rigid Os.

This is due solely to a spasmodic contraction of the muscular structure of the uterus at the time of child birth and the well-known anti-spasmodic action of **Viburnum Opulus** relaxes said muscular contraction.

Viburnum Opulus. "Materia Medica and Therapeutics" by Prof. Ellingwood, page 586.

Puerperal Convulsions.

Viburnum Opulus recommended in "National Standard Dispensatory," edition of 1909. "King's American Dispensatory," page 2059, Vol. 2.

Post Partum Pains and After Pains.

Viburnum Opulus recommended in "Materia Medica and Pharmacy" by Professor Wilcox, page 330. "Materia Medica and Pharmacology" by Professor Culbreth page 592. "Materia Medica and Therapeutics" by Professor Ellingwood, page 586.

Dioscorea Villosa, "King's American Dispensatory," Vol. 1, page 660.

Threatened Abortion or Threatened Miscarriage.

Viburnum Opulus recommended in "Materia Medica and Pharmacy" by Professor Wilcox, page 330. "Materia Medica and Therapeutics" by Professor

Ellingwood, page 586. "King's American Dispensatory," page 2059, Vol. 2.

Nervous Diseases of Pregnancy.

Viburnum Opulus recommended in "Materia Medica and Pharmacy" by Prof. Reginald Webb Wilcox, page 330. "Materia Medica and Pharmacy" by Culbreth, page 592.

Muscular Cramps.

Viburnum Opulus recommended in text book on "Pharmacology" by Dr. Thorald Sollman, page 510. "King's American Dispensatory," page 2059, Vol. 2.

Cramps of Cholera Morbus.

Dioscorea Villosa recommended in "Materia Medica, Pharmacy and Therapeutics" by Professor Potter, page 266. "King's American Dispensatory," page 660. "Materia Medica and Therapeutics" by Professor Ellingwood, page 336.

Bilious Colic.

Dioscorea Villosa recommended in "Materia Medica and Therapeutics," Prof. J. B. Shoemaker. "Materia Medica and Therapeutics," Prof. O. L. Potter, A.M., M.D., M.R. C.P., Professor Ellingwood, page 336. "King's American Dispensatory," page 660, Vol. 1, claims that **Dioscorea Villosa** is a specific for Bilious Colic.

Hysteria.

Viburnum Opulus recommended by the following authorities: "Materia Medica and Pharmacology" by Professor Culbreth, page 592. "Materia Medica and Therapeutics," Prof. John B. Shoemaker, page 916. "National Standard Dispensatory," 1909. "King's American Dispensatory," page 2059, Vol. 2. "Materia Medica and Therapeutics," Professor Ellingwood, page 586.

General Directions for Administering Hayden's Viburnum Compound.

Dose: One or two teaspoonfuls in three or six of boiling water and one teaspoonful of sugar. Drink as hot as possible, every fifteen or twenty minutes, until relief is obtained.

Special Directions for its Administration in Dysmenorrhea.

In cases where the patient suffers greatly at the monthly period, it is well to administer teaspoonful doses of Hayden's Viburnum Compound every night for a week previous to the usual time. Immediately on the appearance of the catamenia, give her two teaspoonful doses of Hayden's Viburnum Compound every half-hour in a wineglassful of boiling water, sweetened.

The Hope of a Cure for Cancer.

There is still a suspicion in many scientific minds as to the possible germ causation of cancer, and many microscopes are still being leveled at carcinomatous specimens in the hope of discovering a pathogenic microorganism. And yet the plain circumstantial evidence in the case is, that of all the distinctive clinical phenomena which attend an infectious invasion so constantly as to be admittedly pathognomonic of it, not one is exhibited by cancer.

There are at least four cardinal features in the clinical manifestation of infectious disease, which, so far as we are aware, are never wanting in the presence of an active germ process.

1. Elevation of temperature.
2. Acceleration of pulse.
3. Leucocytosis.
4. Hæmo-toxemia.

Add to these the tendency to self-limitation and the fact that in micro-organic infection the systemic precede the local manifestations, and we have a picture of germ invasion which could hardly be more unlike the clinical unfolding of carcinoma or sarcoma.

Not only are the phenomena enumerated above the constantly observed clinical attendants upon germ infection, but they are the logical sequitur of germ infection as we know it. They are all expressions of a concerted resistance on the part of the vital economy to invasion by a foreign element. It is a notable fact that pure hyperplasia are not resisted by the system to any active extent, and exhibit none of those clinical symptoms which promptly announce the entrance and proliferation of an alien organism.

It would therefore seem reasonably certain to any but a fatuous enthusiast of the microscope that cancer, which exhibits no manifestations of active resistance on the part of the system, can hardly be the product of a germ invasion. The clinical evidence all tends to the conclusion that it must be in the nature of a true hyperplasia, that is to say, an exaggerated or aberrated phase of a physiologic or biologic process. This etiology is conceded to the so-called benign neoplasms of specialized tissue. It seems to us that the same line of evidence leads to the same verdict in the case of malignant embryonic growths.

When to the evidence above indicated is added the significant fact that cancer invariably has its seat in the most embryonic tissues, most frequently in those organs which undergo subinvolution, and most often at the period of subinvolution; and, further, that the X-rays, which are found

to check the growth are carcinomatous and sarcomatous cells, are also found to destroy the vitality of the reproductive cells; it seems to us that the case in favor of the embryonic, ontogenetic original of cancer is far too strong to warrant the waste of valuable time and labor seeking for any other.

The biologic origin and nature of cancer being granted, what bearing does it have upon the possible discovery or devising of a cure? Beyond question it dooms to failure all attempts to formulate a cure in ordinary drug-therapy. No drug application has ever been known to influence a biologic process, and in the nature of things never could. Serum-therapy is equally impotent to grapple with the evil, since the principle upon which serum-therapy rests and operates is that of an antagonism between the natural resources of the body and the invasion of a hostile extraneous element, whereas the essential morbid element in the cancer process is an intrinsic viciousness of the biologic process itself. It is a species of traitor within the garrison, so to speak—an internal disaffection which has its root in the very elementary gateways of the economy and in whose growth all the normal processes of the body assist.

What are the chances, then, of a cure for cancer, and what seem to be the directions in which it must be sought? Greatly as we dislike the role of the pessimist, we are fain to confess that we entertain no great hope that any cure will ever be found other than that implied in the amputation of the cancerous tissues. Certainly, for the present, that is, by all the considerations of logic and common sense, the most scientific as well as the most effective treatment. Personally, we would rather be the discoverer of a cure for cancer than fulfill almost any other beneficent function toward the race that we can think of. But unless the disease turn out to be quite other in its nature and origin than the biologic vitiation that it now assuredly seems to be, we confess we can not conceive of any therapeutic principle upon which its cure can be predicated.

In our humble judgment its one supreme hope lies in the progress of preventive medicine. While we may never be able to cure cancer, we may, and undoubtedly will, succeed some day in preventing it; and this will, of course, in the end be the greater triumph. It is not unlikely that this desirable purpose may be accomplished through and by means of those internal resources of the body of which Sajous and his school are making a study.

Possibly the solution will be found in the

application of general metabolic hygiene. But whatever the specific channel of control, it will unquestionably lead through the avenues of the body functions themselves and operate as a preventive rather than a cure.—Editorial in Medical Brief.

Antisepsis Versus Asepsis.

With Lister there arose an era in surgery during which the use of antiseptics was extended beyond all bounds of reason, and a natural reaction was initiated by such misuse, a reaction aided by the progress at the same time in the new science of bacteriology. The impetus became so great that we were carried not only to aseptic surgery, but to contempt for antiseptics. We are now at the height of the aseptic wave, and surgeons generally are inclined to look askance at any one who would introduce a powerful antiseptic or germicide into a wound. Some there are, with the courage of their convictions, who have advocated the employment of powerful bactericidal agents in the treatment of grossly infected wounds, and experience in the treatment of such wounds in the present war is giving support to those who have not completely forsaken all the Listerian methods.

Several recent papers in foreign medical journals have dealt with this subject from widely different aspects, but all seem to point in the same direction—to the value of active antiseptics to combat local infection. Some of these communications make it evident that drainage and aseptic methods alone are insufficient to give the patient the best chances of recovery and to reduce the loss of tissue to a minimum. The aseptic treatment also is shown to be time consuming—a matter of no little moment in conditions of peace, and which rises to the greatest importance in war. On the other hand, the evidence is convincing that active antiseptic methods tend to shorten the period of recovery, increase the patient's chances of overcoming infection, and conserve the tissues to an appreciable extent.

Practical experience seems to favor the immediate application, after the removal of dead tissue and foreign material, of pure phenol. Contrary to prevalent opinion such heroic treatment causes only slight damage to the tissues, and has proved effective in destroying many virulent organisms, or in so reducing their vitality that the patients' protective processes deal effectively with them. The same result may be accomplished at less expense with tricresol. Iodine has been proved much too destructive and of

too slight germicidal activity. Salicylic acid and a few other germicides lie between phenol and iodine and have decided value.

The two great advantages of phenol or tricresol over all other germicides experimented with are, first, that they are effective against the majority of pathogenic organisms and at the same time cause insignificant destruction of tissue; second, that they penetrate the tissues in powerful concentrations for a considerable depth and thus act effectively in neglected wounds. With the thorough application of one of these substances, either pure or incorporated into a cream with wool fat and white wax, deeply infected and badly lacerated wounds have healed under sterile blood clot exactly as if they had never been invaded by pyogenic organisms.

These experiences are now too numerous to be regarded as fortunate coincidences, and the value of the early use of phenol seems unquestionable. If such methods are effectual in war, why should they not find application in civil practice? Are we destined, here as in many other instances, to encounter the resistance of established doctrine, or will our surgeons embrace the opportunities thus newly opened? It should be said, in conclusion, that aseptic methods still rule supreme at the front in Europe in all "clean cases" and there is no hint that antiseptics should be introduced in such cases. It is solely in the treatment of established infection that their use is advocated.—Editorial in The New York Medical Record.

The Design.

The statisticians tell us that autopsies show the presence of tuberculosis in so many bodies where it had not been expected and where it had not shown any clinical evidence, that they have concluded that almost everyone has this disease at some time or another.

The pathologists demonstrate with ease and speed that the mouth constantly harbors the bacteria of dangerous diseases such as Pneumonia and that children will carry Diphtheria virus for a long time. We are told that 95 per cent. of adults have *Pyorrhea Alveolaris* and that the toxins coming therefrom are an incubus of the gravest character.

We know where any sizable group of people are kept together without opportunity for greater cleanliness than is really natural to them, typhoid and typhus fevers appear and take their tremendous toll. We are constantly the

hosts of malignant organisms and we use much of our vitality in fighting them so as to keep alive.

Why? Has the answer even been given? There is vanity and vexation of spirit in many of the cant phrases that have been put forth to account for human woes.

The human mind has the habit of measuring things in terms of itself and then in the same attitude attempting to discern and describe things immensely beyond it. Thus we are told of a design in all nature and all life and of a superwisdom that regulates things toward a perfect consummation of a plan beyond our comprehension. We become fatalists and subserviently follow the custom of enduring things because it seems we must or of interceding perfunctorily to have the plan and the design changed when they run counter to our ideas of common sense.

We run along on the idea of Alpha and Omega. We have the concept that because in our own experience everything has a beginning and ending, these conditions must exist everywhere beyond our experience. We ascribe our own minute limitations as characteristic of the illimitable and we attempt to measure infinity by our own attributes.

Our patients will solemnly tell us that because a tonsil was created or an appendix placed in accord with some design, they should be allowed to remain there. The extremists among them will not submit to operation until enough of scare has been thrown into their ideas as to do away with mental assumptions and bring them to facts. In many instances the patients die because of the philosophic principles of the friends and relatives that are antagonistic to any interference with the design as they interpreted it.

And we let them do it. We assume a dignified attitude and say that the responsibility is theirs and we retire as quickly as we can, but whoever heard of a man bold enough to tell the truth about the matter or of one who would attempt to teach his people during their health of the fallacies of their ideas as to illness and disease?

So long as the ideas of design persist, that long shall we have an immense and unreasonable obstacle to overcome in the way of real medical progress and service.

The idea of "design" is human. As applied to man with his countless dangers and stresses from his very birth, yes, from his ancestry to the third and fourth generation, the design is a bungle

and reverence for it is in the way of progress. -Editorial in the Atlanta Journal Record of Medicine.

Transport and Care of the Wounded in War.

In most of its phases the present war in Europe has had no parallel in history. This statement especially applies to the care and transport of the wounded. The Germans, who were prepared for war in every particular, had a splendidly organized army medical service equipped in accordance with the latest developments of military strategy and adapted for the existing conditions.

The British and French, on the other hand, were notoriously unready for war and, consequently, their army medical corps practically had to be organized after the commencement of hostilities. At any rate, this was the case with the British army, for although its medical corps was fairly well organized and equipped, it was wholly inadequate under the unprecedented circumstances. It was sufficient for an army of 200,000, but manifestly lacking in every respect for one of 500,000. Thus the British military authorities were faced with the problem of improvising a medical service, not only for 500,000 men on the fighting line, but for an army totalling in round numbers at least 2,000,000. Further, as mentioned previously, the conditions of warfare are entirely different from those formerly met with. In the first place, the long range of modern artillery has rendered it impossible to place field hospitals at a less distance than twelve miles behind the fighting line. Of course, the main object of the medical corps is to afford assistance to the wounded as promptly as possible, for the more quickly wounds are treated, the better is the chance for good results, and in the campaign now going on in France, where the soil is infected with the spores of tetanus, immediate treatment is essential.

Three zones are recognized by the British Army Medical Corps, the collecting zone, the evacuating zone and the distributing zone. In the collecting zone the duty of the corps is to collect the wounded and convey them to the regimental first-aid post, where they are so treated that they may be removed rapidly. The regimental first-aid post is situated, if possible, under cover or out of the line of fire, but should be near enough to the fighting line to be easily accessible. At the collecting zone, the regimental bearers get into touch with

the field ambulances which convey the wounded to the clearing hospitals, after which they are distributed to the base or general hospitals, these, so far as the British are concerned, being for the most part in Great Britain itself.

The greatest obstacle in the way of the smooth working of the British Army Medical Service has been the lack of rapid and adequate means of transportation. Owing to the destruction of roads, railroads and bridges by the Germans in their retreat from Paris, the transport of the wounded had to depend largely upon motor vehicles, and at first the supply of these did not nearly meet the demand. It goes without saying that rapid removal of the wounded is not only best for their own sake, not to speak of military reasons, but for the morals of the troops generally, and therefore the vital importance of the motor car in modern warfare is easily evident. A fast motor car will convey the British wounded direct to a port whence they can be promptly shipped on a hospital ship, and in a comparatively short time will reach a hospital in their own country in which they will be treated and tended under the most favorable conditions. This war has already taught the lesson that the welfare of the wounded depends almost entirely as to whether they can be transported rapidly to a place where they can receive the best surgical, medical and nursing attention. The motor car appears to be the only fairly sure means of solving the problem, for railroads may be destroyed, while other methods of transport are both too slow and usually too uncomfortable.—Editorial in the *International Journal of Surgery*.

The Anti-Narcotic Law.

Within the past few days the effects of the Harrison Act have attracted a good deal of attention in many cities. Doubtless the same thing applies to the country districts as well, but we hear more about it in the larger cities.

If the newspaper reports are to be relied upon it is quite probable that an occasional suicide of an habitue, who is either mentally or financially depressed, has occurred. Failing in their efforts to obtain sufficient drugs to make them comfortable, and not knowing where to apply for relief, they have sought self destruction. Doubtless, some of these unfortunates have been addicted to the drug for a great many years and the fear exhaustion, and confusion has been more than their unstable brains could with-

stand. On the other hand, a number have recognized the necessity of treatment for relief from the drug habit, and have applied to private and public hospitals for care. Some of them have been very hopeful cases, but the majority are like the majority of inebriates; they feel no responsibility and treat the matter very lightly. They have evidently made up their minds that there is but one thing to do, and that is stop taking the drug. They are more or less philosophical about it, and are probably, in themselves, tired of the habit. Too much sympathy need not be expended upon the majority of drug users. Most of them have sufficient will power and determination to get along without a narcotic, and sometimes a very little assistance, with a little encouragement, is all that is necessary.

Doubtless many of the sanatoria in the country are reaping the benefit from those who are fearful and frightened about the after effects of drugs. Unfortunately a great many, who are much reduced physically, and have depended more upon drugs than food for sustenance, will take a long time to recover. The average case, however, is a comparatively simple proposition to deal with. Given a man or woman, of fair health, with fair nutrition, and without the disagreeable nausea, vomiting, and diarrhea, that occasionally is found in these cases, there is no harm in the rapid or complete withdrawal of the drug when they enter the hospital. These cases can safely be treated with a hot bath, which acts as a sedative, quieting the mental and physical excitement and inducing sleep. The introduction of foods is not difficult, most of them are quite ready to take food in small quantities at frequent intervals.

Some of the habitues must have a substitute for their heroin, morphine, or whatever drug they use, and for this, strychnia, with small doses of atropin, may be used. The average patient will take a twentieth grain of strychnia, gradually increased up to a tenth of a grain, hypodermically, three or four times in twenty-four hours for the first few days, and then the dose may be gradually reduced and finally withdrawn. Atropin may be given simultaneously in one two-hundredth to one one-hundredth of a grain, and then gradually withdrawn. Laxatives are not necessary as most of these people have diarrhea, but a good dose of castor oil, as soon as they can retain it, is very helpful to the digestive tract. Forced feeding is an essential remedy, together with enforced rest. The usual time for suffering from the

sudden withdrawal of the drug is about forty-eight hours, some cases may be protracted to seventy-two hours, but not many. A helpful suggestion from the physician goes a long way towards restoring confidence. A substitution of other drugs, sedatives of any kind like veronal, trional, and sulfonal, is ill advised. Sometimes a dose of bromide of sodium, fifty to one hundred grains, given by a long rectal tube in the colon, is helpful, but even after a few doses the patient usually refuses or rejects the colonic medication.

The probabilities are that the majority of these people will get over their habit, as the stringency of the Harrison Act makes it so difficult for any one but a physician to secure any of these drugs, derivatives from opium or coca.

The greatest burden will lie upon the old habitue who has been addicted to the habit for from ten to forty years, in moderate doses, as the habitual drinker takes small doses of liquor. These old people should never be deprived of their stimulant. For instance, a woman of sixty-five of seventy years, who has taken opium in some form for many years, should not be cut off, as its withdrawal would mean immediate death. Arrangements can be made between the physician and the druggist to keep up a reasonable supply, as the Harrison Act evidently does not contemplate the suffering of the old habitue. The average druggist will honor the prescription of the doctor, particularly if the situation is explained to him.

The greatest benefits that arise from the Harrison Act are the cutting off of the unscrupulous peddler of the drug, and so far, the vicious peddler among the unfortunates has kept pretty well under cover. A fine of two thousand dollars and a prison sentence does not seem very inviting, even taking into consideration the profit obtained from the sale of any habit-forming drug.

In Hennepin County a man was recently tried on the ground that he supplied a young fellow with heroin, and later with morphine, and, after getting him under his control, induced him to participate in several holdups. The State attempted to prove that this man was unduly influenced by the drug seller. Unfortunately, at the trial the witnesses were obliged to admit that all habitues are unreliable in their statements and, although the drug had been withdrawn and they had not had any for some weeks, they are still not to be wholly depended upon. The case was well presented, and

had the State known that during the time of freedom from the drug taking the man was reasonably reliable in his statements, they would undoubtedly have secured a conviction. The jury disagreed and the case is to come up later.

If some of these drug peddlers could be sent to the penitentiary for two or three years it would do much to impress them with the sincerity of the Harrison Act, and it would discourage unfortunate and unstable individuals from beginning the drug habit. Until the Harrison Act is thoroughly understood and in good working order, it is wise for the physician to keep pretty close track of the opiates that he prescribes or leaves with his patients. If every physician would write a prescription for any derivative of opium or coca leaves, in the manner prescribed by law, this would satisfy the government inspector. It is questionable how far a man may go in leaving tablets containing these various preparations with patients or nurses. The supposition is that he may continue his practice as he did before, using opiates when necessary, but with discernment. But one should always be prepared for the inspection of his books and prescriptions in order to safeguard his reputation and practice.

One very unfortunate feature of the whole situation is that the doctors, and there are many of them, who are addicted to the drug habit themselves, can, by their prescription, secure an unlimited amount of drugs for their personal use. This feature, undoubtedly, will receive attention in due time, and doubtless the druggist will be given to understand that an unusual and unnecessary supply of these drugs shall not be given to one physician. But in the large cities a doctor may go from one drug store to another, write his prescription and stock up, and thus secure his own personal comfort, or discomfort, as the case probably is better defined.

One feature has been brought out since the law has come into effect, and that is that the users of heroin are accustomed to snuffing it up their noses, after powdering the pellets. This seems rather a strange way of employing heroin, but as this method has been described by the users of the drug, they must get a good deal of satisfaction from the repeated insufflation of the powder. It has not been known that heroin was used that way. Enormous quantities of the drug are taken during the twenty-four hours, and one who is not a user of the drug cannot

appreciate the agony and suffering these people must go through when they are suddenly deprived of their usual dose. But in due time they will cease the use of these drugs, and, doubtless, something else will come up to take their place, for it seems almost incomprehensible that the world is going to be entirely relieved from the drug habit. At an early date some demon, in the form of a chemist, will find a substitute that will satisfy the craving of the deficient.

In the meantime it is the doctor's business to help the working out of the law, and make it as strong as possible.—Editorial in *The Journal Lancet*.

Development in Scarlantina Therapy.

Within recent years there have been introduced in the treatment of particularly severe cases of scarlet fever two methods that offer considerable promise. One of these is the use of salvarsan or neosalvarsan; the other is the employment of the blood serum convalescent scarlet fever patients. These methods are representatives of the two main trends in the treatment of infectious disease, namely, chemotherapy and serum therapy.

Salvarsan was first employed in 1910 by Rumpel in three cases of scarlet fever but without success. Later Lenzmann, Klenperer and Waita, Lorey, Schreiber, and Joemann employed the same drug and all seemed to agree that salvarsan has a favorable influence on the course of the disease, particularly in controlling the severe angina. The latest to investigate the merits of this mode of treatment is F. Poensgen, who reports his results in the *Beitrage zur Klinik der Infektionskrankheiten und zur Immunitatsforschung*, Vol. 3, 1 and 2. His experience comprises 35 cases which represented severe types of the disease. Salvarsan was administered intravenously in 30 of the cases, with positive results in 10, negative results in 15, and doubtful results in 5. In the 5 cases in which neosalvarsan was used the results were negative in all. There was no question that salvarsan saved a large percentage of the particularly severe cases of scarlet fever. In no instance could any unfavorable action of the drug be observed. Complications were, however, neither ameliorated nor prevented, a circumstance explained by the fact that these complications are the result of the action of streptococci which are apparently not affected by the salvarsan. Although of value in some of the severe cases of scarlet fever, salvarsan cannot be regarded as a specific against this disease.

The favorable results obtained by the use of the blood serum of patients convalescing from scarlet fever were first reported, on the basis of 12 cases thus treated, by Reiss and Jungmann. These results were confirmed in the similar management of 22 cases by R. Koch (*Munchener Medizinische Wochenschrift*, 1913, No. 47). These cases were all severe ones, and death occurred only in one instance, in the case of a patient who was already in the agonal condition. Even in the late stage of the disease when the local streptococcal manifestations dominate the clinical picture, and in the septic type, a distinctly favorable influence is to be observed. This method of treatment was not responsible for the production of hemorrhagic nephritis.

The results thus far obtained in the treatment of scarlet fever by means of neosalvarsan or convalescent serum are sufficiently encouraging to warrant the further trial of these methods.—Editorial in *New York Medical Record*.

Hypersensitiveness and Immunity.

There is abundant evidence that hypersensitiveness and immunity are closely related to each other, but the significance of this relationship is as yet obscure. P. W. Clough (*Bulletin of the Johns Hopkins Hospital*, February, 1915) has performed a series of experiments to determine whether there is any constant relation between pneumococcus sefection and hypersensitiveness to pneumococcus protein. Reference is made to the theory advanced by Friedberger, namely, that bacterial protein is broken up by specific ferments which are present in small amounts in normal individuals but which increase in amount when the foreign protein persists in the circulation. As a result of this there is a rapid decomposition of the foreign protein with the production of immunity or hypersensitiveness.

The real distinction between these two phenomena depends upon the following circumstance: If the foreign protein is one which does not increase after its introduction into the body, the rapid decomposition of the protein causes the production of poisons which may be fatal to the animal if the dose of protein is large. The animal is hypersensitive. If, on the other hand, the foreign protein is a living virus and increases in amount after introduction into the body, the accelerated action of the protective ferments is sufficient to destroy the invading microorganisms. If these are not too numerous, the poisons resulting from their decomposition are not sufficient

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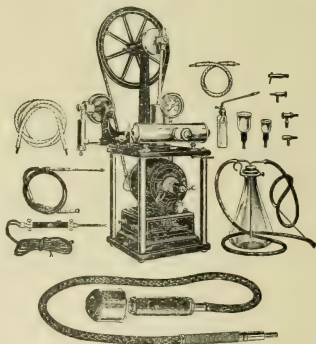
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sition of the bacterial protein.

Clough obtained from pneumococci a protein extract which would sensitize nor-
mal guinea pigs and intoxicate suitably

sensitized guinea pigs. The latter show in-
constantly a very slight degree of immunity
to infection with living virulent cultures
of pneumococci. Animals highly im-
munized by repeated subcutaneous injec-
tions of the latter show on the other hand
a marked degree of hypersensitiveness to
pneumococcus extracts. Clough has not
succeeded, however, in demonstrating this
hypersensitiveness in pneumonia patients by
the local application of a solution of the
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York Medical Record.

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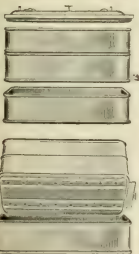
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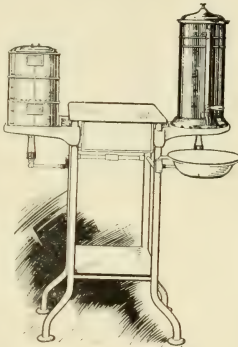
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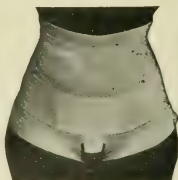
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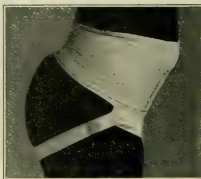
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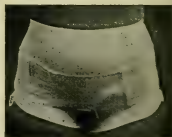
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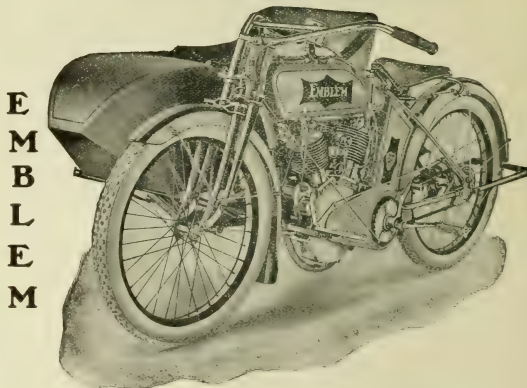
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SOUTHERN SURGICAL and GYNECOLOGICAL ASSOCIATION.

Annual Meeting at Cincinnati, Ohio,
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Bacon Saunders, M. D., Pres.
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SOUTHERN MEDICAL ASSOCIATION.

Annual Meeting at Dallas, Texa.
November 8-11, 1915

Seale Harris, M.D., Sec.,
Birmingham, Ala.

Oscar Dowling, M. D., Pres.,
Shreveport, La.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Richmond, Va.
February 16-17, 1916.

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Laurens, S. C.

James H. McIntosh, M. D., Pres.
Columbia, S. C.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Birmingham, Ala.;
April 20, 1915.

N. Baker, M.D., Sec.,
Montgomery, Ala.

B. B. Sims, M.D., Pres.,
Talladega, Ala.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Annual Meeting at Oklahoma City, Okla.,
October 5-6, 1915.

Fred. H. Clark, M. D., Sec.,
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J. P. Griffith, M. D., Pres.,
Kansas City, Mo.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Deland, Florida,
May, 14, 1915.

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Jacksonville, Fla.

F. Clifton Moore, M.D., Pres.
Tallahassee, Fla.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Macon, Ga.
April, 21-23, 1915.

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Augusta, Ga.

W. B. Hardman, M.D., Pres.,
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KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Louisville, Ky.,
October, 1915.

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John J. Moren, M. D., Pres.,
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LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at Lake Charles, La.
April, 20-22, 1915.

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Vicksburg, Miss.

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Natchez, Miss.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

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June, 1916.

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Benj. K. Hayes, M. D., Sec.,
Oxford, N. C.

NEW MEXICO MEDICAL SOCIETY.

Annual Meeting at E. Las Vegas, N. M.
1915

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Las Cruces, N. M.

W. T. Joyner, M. D., Pres.,
Roswell, N. M.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Greenwood, S. C.
April, 20-22, 1915.

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April, 1915.

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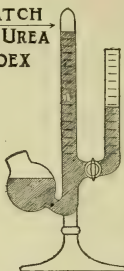
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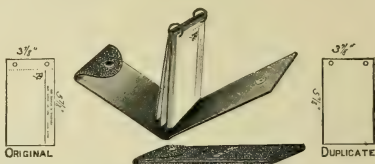
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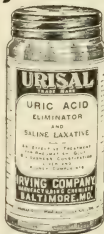
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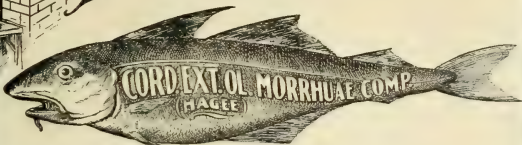
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The Charlotte Medical Journal

VOL. LXXII

CHARLOTTE, N. C., OCTOBER, 1915.

No. 4.

DR. ALBERT ANDERSON.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Dr. Albert Anderson, the subject of this sketch, was born October 18, 1850, at Eagle Rock (Wake County), N. C. He is the son of Jesse and Mary Anderson. His father was a farmer and he began life on the farm. He entered nature's school early and gleaned her inmost secrets. He knew and cared for her lesser children and they were his brothers. All the gentle influences thrown about him in the first stage of his growth moulded and fashioned his soul and mind after a manner that is right, and fostered within him a profound love for his kind—a love which sought expression in service. The profession he has chosen and practiced so many years has been the medium of that service.

At a tender age he entered the public school of his community; later the Raleigh Academy, and the next stepping stone was Trinity College. During the first year of his student life at Raleigh he united with the Methodist Church and has been foremost in church work ever since. He later entered the University of Virginia and the year of 1888 marks the date of his graduation from there. Throughout his years of study threads an earnestness and intensity of purpose which was bound to glorify his profession.

He began practicing at Wilson, N. C., in 1888, shortly after passing the State Board, and for twenty five years he steadily grew in his profession, when came promotion—the Superintendency of the State Hospital at Raleigh, where he is now.

During the years of his practice Dr. Anderson has from time to time taken post-graduate courses in the North, general medicine and surgery being his subjects. He has not buried his light under a bushel, but has voiced it through medical journals and before different medical societies. The medical societies have long since seen his sterling mettle and have not left him unused. He has served as President of the Seaboard Medical Society, the Tri State Medical Society, Wilson and Wake County Medical Societies, and member of the State Medical Examining Board.

About fifteen years ago Dr. Anderson, while in Wilson, with one associate, built one of the finest private hospitals in North Carolina. He remained at the head of that

successful institution until he moved to Raleigh. This hospital enterprise is considered one of the greatest professional achievements in his life.

Socially Dr. Anderson is a charming gentleman. His personality is very attractive. He is a fine conversationalist, never failing to please and entertain everyone who comes into contact with him. In debate Dr. Anderson is logical and convincing. His stage manners are beautiful and he is considered one of the most popular speakers in the medical profession of North Carolina, or in this entire section of the South. On one occasion he delivered an address at the graduating exercises of the North Carolina Medical College in Charlotte and it was declared one of the finest speeches ever delivered in that city.

During the last few years at Raleigh he has turned his attention to mental and nervous diseases, and is a noteworthy authority on these subjects.

At the age of 55 Dr. Anderson has come into his oakwood professionally, but is still spreading his branches to benefit the ills of men.

THE SIGNIFICANCE OF UPPER ABDOMINAL SYMPTOMS.*

By John B. Deaver, M. D., Philadelphia, Pa.

A distinguished Philadelphia physician "of the old School" recently observed that "all diseases wear the livery of the prevailing epidemic."

This axiom must be modified to a certain extent to apply to the differences that now exist in the conception of disease processes among workers in special fields of medicine and surgery. Thus, the prevailing epidemic today is largely a matter of personal viewpoint on the part of the individual specialist.

Chronic upper abdominal symptoms for example often imply a functional gastric disturbance—a neurosis—to the internist, when in reality these symptoms are expressive of an actual surgical lesion.

The surgeon is prone to go to the opposite extreme in considering practically every patient with these same symptoms as the victim of an organic lesion, when, as a matter of fact a definite proportion of these patients are suffering with purely functional disorders.

*Read in Charlotte, N. C., September 28, 1915.

As a result there is often a lack of correlation between physician and surgeon in the differential diagnosis of chronic intra-abdominal disease that leads, on the one hand, to withholding operation in cases that should undoubtedly be operated upon, and on the other hand, to operating upon patients that should be treated medically. The internist assumes an ironical attitude in his writings on the subject: quotes many medical cures where surgery was advised, and cites numerous instances of ill-advised operations that not only failed to cure the patient of his symptoms, but failed also to demonstrate the presence of a surgical lesion and in many instances proves beyond doubt that the patient's life was made miserable by the operation.

The surgeon assumes a very similar attitude because he has found ulcers, cancers, gallstones, chronic appendicitis and other organic diseases in scores of patients who had previously been treated medically for gastric neuroses, hyperchlorhydria, indigestion and analogous symptoms by the medical advocates. It is important therefore to attempt the differentiation between upper abdominal symptoms arising from functional disorders and those caused by organic disease of the abdominal viscera—far more important in fact than to differentiate the latter one from another.

The non-surgical causes of chronic upper abdominal symptoms are conveniently divided into three groups, viz.:

1. (a) Those dependent upon disturbance of the blood and vascular apparatus.

- (b) Those which are due to toxemia of bacterial, chemical or metabolic origin.

- (c) Those caused by functional or organic disturbance of the innervation of the upper abdominal viscera.

In many cases more than one of these disturbing factors may work simultaneously to derange gastric function.

Typical examples of the first class are the gastric symptoms of anemia or cardiac insufficiency and with the latter enlarged liver due to passive congestion. The metabolic toxins of renal insufficiency, uremia and diabetes, the chemical toxicities of lead poisoning and other occupational diseases, the infective intoxication of tuberculosis, the exanthemata and a host of bacterial disease all furnish numerous examples of gastric symptoms due to extra-gastric causes.

The group due to lesions or functional disturbances of the nervous system may

be the most perplexing of all. Clearly defined instances are the gastric crises of tabes due to involvement of the nerves supplying the stomach. In the ptoses it is probable that at least a portion of the symptoms is due to torsion or tension upon the nerve supply of the displaced organs.

The well established phenomena of reflex and referred nerve action which differ so widely in individual cases afford varied possibilities of gastric and upper abdominal symptoms in the case of diseases situated elsewhere, and finally, in neurasthenic and allied conditions it is quite probable that asthenia or disease of the central nervous system may cause interference with the normal nerve control of the upper abdominal functions expressing itself in symptoms pointing towards local disease.

A well known instance of combined toxic and vascular disturbance of the stomach function is seen in cirrhosis of the liver and under certain conditions its differentiation from a surgical condition, especially gastric ulcer, may be very difficult.

It is particularly noteworthy that there is no essential difference in upper abdominal symptoms as produced by non-surgical or systemic causes from those due to surgical diseases of the organs in this locality. In typical cases in both groups there may be additional signs, characteristic modes of appearance, etiological hints that make us all but certain of a diagnosis, but in a far larger number of cases in both groups the symptoms are non-characteristic, signs are few or altogether lacking and no man can be even approximately sure of the exact condition. Simply to recognize the limitations of our diagnostic ability due to the scanty information supplied by symptomatology is to make us cautious in our regard and treatment of the cases of indigestion that throng the offices of practitioners throughout the land. I assert confidently that not one case in fifty of chronic disease of the gall bladder, stomach, duodenum or appendix is recognized and treated as such.

The uniformity, in the gastric symptoms of vastly different diseases is explained by the fact that the stomach has a very limited range of clinical expression, notwithstanding which, it acts in the role of mouth piece for lesions of practically all of the abdominal viscera.

This is well illustrated by the symptom hematemesis, identical attacks of which occur in cirrhosis of the liver, some cases

of gallstone disease, chronic appendicitis, chronic ulceration of the stomach, and in cases of toxic erosion of the gastric mucosa. There is nothing in the character of the bleeding itself in any one of these conditions that is at all diagnostic and it is a safe rule of practice to withhold all operative measures in cases of this kind until the bleeding has been arrested by medical means. An attempt must then be made to diagnose the condition by careful study of ulcer symptoms preceding or following an attack of profuse hematemesis the probabilities are that we are dealing with a non-surgical lesion, with erosions of the gastric mucosa caused by infectious emboli or with dilated oesophageal veins secondary to portal cirrhosis.

Upper abdominal symptoms depending upon altered states of innervation include the gastric neuroses. That pure neuroses of the stomach exist I think no one will deny. That they do not occupy the same place in medicine that they did ten or even five years ago I am sure all will admit. It is now as clear as day that countless cases of gastric ulcer, of gallstone disease, of chronic appendicitis and many other organic abdominal disorders have been gravely diagnosed and treated as gastric neuroses. So marked a change has been wrought by the revelations of the mighty scalpel that a complete change of attitude has been necessitated. Instead of placing the burden of proof upon the side of organic disease, today simple neuroses are known to be uncommon and only to be diagnosed with hesitation and after making every effort to rule out organic disease. In the presence of other neurotic stigmata, familial and personal, the condition may be recognized, but the effort to explain persistent indigestion in the case of an individual who exhibits no other noteworthy nervous phenomena by assuming the existence of a neurosis is no longer permissible. When the condition does partake of the nature of a neurosis of course no operation should be done, unless the neurosis is secondary to an operable lesion. Many cases have been made worse by a such ill-advised interference.

It is my belief that the majority of such failures are attributable to incomplete surgery. There are three stages in the study of a surgical case: first and most important, before operation; second, the operation; third, after treatment, next to the first the latter is the most important perhaps. By incomplete surgery we mean inadequate search for the extra

gastric causes of upper abdominal symptoms. It is sometimes difficult to make a diagnosis when on the inside, therefore what must it be while still on the outside. This last includes chronic appendicitis, which is by far the most common extra-gastric cause of indigestion; gallstone disease, which is second in importance; ptosis of the viscera, including mobile cecum; peritoneal adhesions; various peritoneal membranes and kinks leading to intestinal stasis; diverticulitis and chronic pancreatitis. In this connection let me say I believe that in the majority of cases of adhesions, membranes, etc., there has been unrecognized pathology. The common surgical lesions of the stomach and duodenum are, ulcer, cancer and mid-line ptosis.

Symptoms more or less common to all of these conditions are pain, sour eructations after meals, perhaps vomiting, but more often nausea, and loss of appetite especially in cancer.

You will observe that all of these symptoms merely express alteration in the several functions of the stomach. Of these the secretory function is most likely to be influenced by extra-gastric lesions because it is the most unstable and by nature most responsive to extraneous stimuli. Next in order of importance comes the sensory and finally the motor function.

This responsiveness of the secretory phenomenon to extra-gastric stimuli explains in part the disappointment experienced in the diagnostic value of gastric analyses.

Examination of the stomach contents, especially in regard to their acid content have proved of questionable value as differential points in the diagnosis of surgical lesions of the abdominal viscera. Taken alone, and in the absence of the clinical history, they are of little if any value except as an indication of the alterations in gastric function. This is due, I believe, not merely to the instability of secretory activity in general, but to the fact that two or more chronic lesions are commonly found in association. This is especially true of chronic appendicitis, which is commonly associated either with duodenal ulcer or with gallstone disease.

Again, lesions of the duodenum and stomach are not accompanied by any constant state of normality in the gastric juice. This was well shown by Friedenwald in the stomach analysis of one thousand cases of ulcer of the stomach and duodenum, the results of which were as follows:

Gastric Ulcers: Normal acidity, 46 per cent.; Hyperacidity, 30 per cent.; Subacidity, 27 per cent.

Duodenal Ulcers: Normal acidity, 48 per cent.; Hyperacidity, 35 per cent.; Subacidity, 5 per cent.

These figures show conclusively that the acidity of the gastric contents even in chronic duodenal ulceration of which hyperacidity is said to be an important diagnostic feature, is only of relative value, its absence or normal presence being perfectly compatible with chronic ulceration.

The most important factor in the diagnosis of these conditions is the case history, the symptomatology of chronic ulcer of the duodenum and pyloric zone of the stomach being practically the same: First and foremost in the diagnosis is the duration of the symptoms, which last on the average about ten years before the patient is brought to operation. These individuals, as Mayo has said, have usually undergone many complete and permanent medical cures. Next in importance is a characteristic and almost pathognomonic periodicity of the attacks which are prone to come on in the fall and spring seasons. It is the rule that these patients enjoy perfect health in the intervals between attacks.

Gastric symptoms associated with the various other surgical lesions of the abdominal viscera vary in intensity at different times, but are more or less constant and rarely disappear for long periods.

Returning again to the history of duodenal ulcer, we find certain features in the character of the symptoms that are classic. Of these the most characteristic is pain in the epigastrium. The pain of duodenal ulcer, while often severe, is seldom of a stabbing character, but more often is described as boring or gnawing. It is usually felt in the epigastrium, but in the event that localized peritonitis has set in in the region of the ulcer, the pain is referred through to the back.

The typical time of onset of the pain is from two to four hours after eating, being diminished by the taking of food, and gradually increasing in severity as the stomach empties itself after a meal. When pain is definitely related to the taking of food in the case of chronic indigestion always look out for ulcer. Belching of gas, sour stomach, heartburn, acid taste in the mouth and constipation are commonly complained of but may be entirely absent.

Nausea and vomiting are rare symp-

toms in duodenal ulceration in the absence of pyloric obstruction and jaundice is never present in uncomplicated cases. If we add to the foregoing the history of profuse intermittent hemorrhage from the bowel with tarry stools, the diagnosis can scarcely be mistaken. The physical findings in cases of chronic duodenal ulceration are practically negative, except for the presence of rigidity of the upper right rectus to slight palpation a tender spot in the epigastrium slightly to the right of the midline.

Unfortunately the average case history lacks the necessary completeness in classic symptoms to diagnose with absolute certainty the presence of chronic duodenal ulcer. In the majority of instances we are placed in the unenviable position of trying to decide whether certain of the above symptoms of ulcer are really due to an ulcer or whether they are caused by pylorospasm incited reflexly from an extra-gastric lesion, such as chronic obliterative appendicitis, chronic cholecystitis, chronic pancreatitis, etc.

We must once more enlist the aid of the clinical history. The patient may recall, perhaps, a previous attack of so-called acute indigestion or intestinal inflammation, which means an appendiceal attack in the vast majority of instances. On close questioning we learn that the attack began with pain—sudden, severe abdominal pain, followed by one or two but rarely more attacks of nausea and vomiting. The patient will perhaps recall that his abdomen was tender at the time of this attack the latter having been completely recovered from, he remained well for a time, when a second less severe attack appears. This is often repeated a number of times, to be followed by an interval of comparatively good health. The patient then begins to complain of gastric symptoms and constipation and the condition is diagnosed indigestion, dyspepsia or gastric neurosis. These symptoms continue for variable lengths of time without noteworthy change, when they begin to show a marked periodicity in their appearance. After a time the patient, often on his own initiative seeks surgical advice. Cases presenting the history outlined above are most likely suffering with chronic appendicitis, with chronic duodenal ulceration and unless both conditions are attended to at the time of operation, these patients will be sent from the hospital in possession of a major part of their pathology and with

all of the symptoms to which it has previously given rise.

Appendicitis is undoubtedly the most common intra-abdominal source of the infectious emboli that cause duodenal and gastric ulceration, as has been shown experimentally by Rosenow.

Unless this relationship is borne in mind many patients will be incompletely treated in the belief that a train of upper abdominal symptoms is caused by chronic appendicitis, when in fact the latter has given origin to an ulcer producing embolus.

Exactly the same relationship exists between appendicitis and inflammation of the biliary passages. Appendicitis, next to typhoid fever is the most frequent cause of chronic gallstone disease.

Duodenal ulcer may likewise be the starting point of an infection that ultimately comes to involve the gall ducts by way of the lymphatics or through the submucosa of the common bile duct. I operated recently on such a case finding ulcer and empyema of the gall bladder, the latter the result of infection from the ulcer.

Symptoms suggestive of this complication of appendicitis or ulcer are chills and fever with or without jaundice, recurring at intervals and with a regularity suggestive of malarial infection. If this history is added to that of chronic indigestion the combination of these several pathological lesions is most likely.

In certain cases of gall bladder disease the loss of weight is the most striking feature. A number of cases have come under my observation in which this rapid loss had naturally given rise to a diagnosis of carcinoma of the stomach, thus emphasizing the necessity of exploration in doubtful cases.

It is impossible in any short time to attempt any complete differentiation of the surgical diseases of the abdomen and from a practical standpoint I would prefer to emphasize the extreme difficulty and even impossibility of making differentiations prior to operation in cases which call urgently for surgical cure. Again, the frequent association of abdominal lesions is a newer and most important point. The tendency of one lesion to link itself to another is a strong argument for early surgery.

In undertaking the treatment of patients with upper abdominal symptoms therefore, we must first be prepared to separate the surgical from the non-surgical. And, having advised operation, we must be prepared for mistakes in the

clinical diagnosis. The operative procedure can seldom be outlined before opening the abdomen, and the average failure to cure patients of this class can be attributed to incomplete study of the viscera at the time of operation.

In a proportion of suspected cases of ulcer it is necessary to open the stomach and inspect the mucosa before one can absolutely eliminate this in the differential diagnosis.

When our pre-operative expectations of ulcer do not materialize no matter how typical the history may have been, our next procedure is a systematic search for an extra-gastric cause of the stomach symptoms, this includes palpation, and if possible, inspection of every region and organ between the thoracic and pelvic diaphragms. This investigation should begin with a search for upper abdominal adhesions especially in the region of the proximal duodenum; this is followed by inspection and palpation of the gall bladder and hepatic flexure of the colon. Next in order comes the lower duodenum, a partial obstruction of which with slight degrees of dilatation above may explain the condition.

This is followed by a search for enlarged lymph nodes in the folds of the lesser omentum, and in the retroperitoneal tissue indicative of an antecedent infection of the biliary system of pancreas. The consistency and size of the pancreas itself is then determined.

After eliminating the foregoing structures as the source of the trouble, the same procedure is carried out in the left hypochondrium, the fundus of the stomach and the splenic flexure coming under investigation. In about half the cases the cause of upper abdominal symptoms will be found in the upper abdomen.

When the upper abdomen fails to yield a lesion responsible for the symptoms for which operation has been done we next attempt to deliver the appendix through the original upper abdominal incision. If it is impossible to do this, a second incision is made in the lower right quadrant and through the opening an additional forty per cent. of the extra-gastric causes of gastric symptoms will be exposed, namely, a chronically diseased appendix.

There remains, however, an additional ten per cent. of cases to be accounted for and this group of cases is the difficult one, not only to diagnose, but more especially to cure by medical or surgical means. The pathological lesions include mobile cecum, movable kidney, lower

abdominal and pelvic adhesions, chronic diverticulitis, various peritoneal membranes, folds and kinks resulting from ancient attacks of peritonitis, and, finally, ptosis of the colon and other organs. Their proper diagnosis and disposal is largely for the future.

It must be obvious that the pre-operative diagnosis of the underlying cause of gastric symptoms may in certain instances become most difficult and in a definite proportion of instances, impossible. Abdominal section is justified, however, in cases giving the history of persistent and chronic stomach symptoms. The cause of these symptoms will then be revealed if the search is conducted with systematic thoroughness guided by an intelligent understanding of the extra-gastric causes of "indigestion."

1634 Walnut St.

THE HARRISON ANTI-NARCOTIC LAW AND THE DUTY OF THE MEDICAL PROFESSION.*

By Dr. J. Howell Way, Waynesville, N. C.,
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March 1, 1915 will stand forth in the annals of human effort to restrain the use of narcotics, as a date marking, in a practical way, the beginning of a new year in our nation as regards the traffic in "opium or coca leaves, their salts, derivatives or preparations." On that date the Harrison Anti-Narcotic Law went into effect, and for the first time, so far as I am advised, the physicians of this nation became subject to a federal license law and its accompanying special tax.

The suddenness with which the announcement came that practitioners of medicine, dentists, veterinarians, and others, must procure federal permits to continue to ply vocations hitherto, solely licensed and directed, from the earliest days of the republic, by the various states, was more or less of a surprise, to probably the majority of the professional men affected by the statute. In many instances there was manifestations of a degree of irritation or resentment on the part of physicians, as well as dentists, veterinarians, and pharmacists, at this extension of the power of the

limitations of accustomed professional rights and privileges of practice. Some protested they would not register under the act, but possessing license to practice their profession, would continue in their accustomed work without regard to the nation's restriction. With the passing of a few weeks, and the campaign of education carried on in limited degree by the medical, dental, and pharmaceutical periodicals, more especially the latter, and the really helpful trade circular literature distributed by manufacturing and wholesale drug firms, as well as the circular letters to the interested professions distributed from the various internal revenue offices to those concerned, wiser counsels prevailed, and all law-abiding citizens, whether professional or laymen, realized that none of the narcotics enumerated in the federal law could lawfully be "produced, imported, manufactured, compounded, sold, dispensed, or given away," to quote the language of the enactment, until all the forms and formalities of the statute had been complied with, Registration proceeded rapidly, and I was recently advised by an official of the service in N. C., that few, if any individuals, entitled under state laws to handle narcotics, had failed to comply with the federal regulations.

Following the passage of any legislation along new lines, there is always to be anticipated a period of uncertainty and indefiniteness as to the full requirements of the law, its exact purposes, and the detailed methods of operation whereby the official entrusted with the enforcement of such statute, propose to attain the wished for results. The confusion in the various professions and trades affected by the Harrison law was only what was to have been expected, but this has entirely subsided, in the main, rational constructions have been placed on the wording of the law, and those wishing to comply with its provisions are finding in my opinion, little difficulty in so doing. The statute is not yet perfect, and there may be objection to such statute both in principle and in practice, many excellent people believing the entire control of all such matters should abide solely with the law-making powers of the people of the several states themselves. Be that as it may, the step has been taken, and the regulation of the sale of not only the narcotics noted in the Harrison Anti-Narcotic Law, but of various other things as well, will in time undoubtedly become a matter of national

federal government, with its resultant
*Read before the Sixty-Second Annual meeting of the Medical Society of North Carolina, Greensboro, N. C., June 16, 1915.

supervision and control.

Though bearing the name of its supposed author, the law does not represent the conception, nor is its phraseology, the fruition of the efforts of a single mind. The apparent necessity for, and advisability, of such enactment has been an evolutionary process in the social life of our nation, and the process has been going in other countries as well. The apparent necessity for government control of narcotics, while coming as a surprise to many, has been a very gradual growth. Its development has been, *pari passu*, with the evolution of the intricacies of modern civilization, and the more complicated environs within which we live today. It is one of the perfectly normal steps, one of the logical, one of the to-have-been-expected movements that an enlightened nation would have initiated sooner or later in the attempted throwing off a people a burden of slavery; a thing, a condition, against which the race has ever contended in its varied forms. From the earliest dawn of civilization until now, and not only now, but on and on, through future untold generations until man shall attain the summit of all his possible excellences, and shall achieve his perfect physical, mental, and moral standard of attainment, there has been, and will continue to be, a ceaseless, incessant, struggle against the things that bind the progress toward its rightful ideal of a human soul, and restrict the fullest fruition of humanity's powers. This struggle to free ourselves from the slavery of the environs of custom and of influence, is as old as man himself, and in the dim and misty past, centuries of struggle, millions of lives lost, treasure of inestimable value, lavishly spent, mark the conflicts incidental to the evolution of mankind, of perfected man, as he contended against tribal slavery, feudal slavery, the dominion of oligarchy and monarchy, chattel slavery, until at last man, in free America at least, has reached a partial attainment of freedom, a semblance of true liberty which the world has never known before. In Europe, war-cursed, and king-ridden, we today witness humanity struggling in the working out of a portion of these problems.

Evolution, we have learned, is continuous progressive change, according to fixed laws, by virtue of resident forces; hence there may be no stoppage in such processes of developmental purpose unless retrograde processes dominate and purpose our course. The contest of mortal

man, for his rights as regards his relations with his fellows, have been magnificent in both intent and achievement, and we feel, at least in free America, that all men may secure a living chance. But with the acquiring of this priceless blessing, there comes the danger to the race of domination by the direful influences of the slavery of unrestricted appetites, and it is this factor in our promising civilization that must be fought lest the splendid structure, painfully wrought with ages of endeavor, will crumble and fall from internal decay.

Mankind from earliest recorded history, has at every period of his existence, and in every nation or organization of individuals, manifested a morbid desire for stimulation, and every country and all peoples, bond or free, civilized or barbarian, alike, all have evolved some form of product, or secured by traffic from others, something that would stimulate or narcotize: some material in some form that would bring tone to tired nerves or rest to wearied brains; and relieve the body when pain racked. Alcohol, in its many forms, has been most widely and generally used in all ages of the past as it is today, and while alcoholics are not included in the list of drugs specifically restricted by national legislation, as are opium and coca in the Harrison Law, there are many thinking minds who well believe it merely a question of time, when their usage will be undoubtedly limited as compared with present day consumption if not wholly erased from the list of narcotic substances ordinarily accessible to weak men and women.

The Harrison Anti-Narcotic Law, as I have already noted, is not the work of one mind, nor the forming of its phraseology that of a single pen. During three sessions of congress the measure was considered, and even now as passed, and undergoing the testing out of actual service, it is evident that it will undergo modification, or amplification, as time passes. Its scope will manifestly be extended later on to include other drugs and medicines affecting in similar manner the human species to those now mentioned, and I am constrained to believe the recently suggested move in New York state to secure the passage of a "Model Anti-Narcotic Law" in the various states of the union, will have an experience like the "model vital statistics law" which went the rounds of the various state legislatures gradually winning favor in increasing number

each year until finally all the separate states will have similar statutes restrictive of the careless use of all narcotics. Several of the states now have, in fact the large majority have anti-narcotic laws, and have provided for the teaching in their schools of the effects of narcotics and alcoholics on the human body. But in practically all of the states, there exists scant or minor provision for enforcing such laws, and a considerable number of such laws are so burdened with provisions and exceptions as to practically nullify the obvious intent of such statutes to restrain drugusers and to farther decrease their growing numbers. In addition to the drugs enumerated in the Harrison law, several of the states restrict the sale and the use of a number of other drugs. In 20 states it is unlawful for physicians to prescribe narcotics for habitual users—one extreme, while our good daughter state of Tenn. provides for the registering and licensing of narcotic habitues! New York requires the restricting of the sale of hypodermic syringes only on physicians prescriptions, and the registering of all such sales, and when it is remembered that such instruments are used solely for the introduction of only narcotics or stimulants into the human body, barring the other uses by medical men and laboratory investigators, I believe the enacting of measures restricting sales of hypodermic syringes should receive the careful consideration of our next North Carolina legislature.

The extent to which narcotic drugs are habitually used by citizens of our nation, or even of our state, is only a matter of conjecture. The total number of drug habitues have been variously estimated by different authorities as ranging from 100,000 to 4,000,000 in number for the entire nation. Manifestly a relatively accurate measurement is probably impossible of securing, but it is well to remember in this connection, that the number of habitues is limited to an extent at least, by the amount of the available opiates, and the visible supply of narcotics would not, in the judgment of the federal authorities, suffice to supply in excess of one-tenth of the maximum number mentioned above. As far back as the year 1866 Dr. Edward R. Squibb, testifying before a congressional investigating Committee stated that only at that time was more than one-fifth of the opium imported into this country needed for the legitimate demands of reputable medical practice, and the govern-

ment experts who have been more recently studying anew this whole proposition, believe this estimate a fairly correct one for the present day.

Be the number of narcotic habitues what it may, in North Carolina, or in the nation, it is manifest to we of the medical profession, that a tremendous responsibility has rested in the past, and in no less a degree, is carried by us today with even added force, upon the individual members of the guild in connection with the users of narcotic drugs. Just what shall be done for those now in the thrall of narcotic habit is a problem that possibly calls for immediate legislative action. I trust that an enlightened and quickened public conscience in this state will see to it that this important subject is carefully considered by the next session of the state legislature with a view to making proper provision for those unfortunates. Certainly the state of North Carolina should provide for the examination and treatment of narcotic habitues as a wise and patriotic public policy; and it may seriously be questioned in this connection, if the progressive state of Michigan goes a single step too far in having enacted legislation which provides that any citizen of Michigan who is addicted to the excessive use of intoxicating liquors or narcotic drugs, may, after due examination, be declared incompetent by a probate judge, and a guardian of his or her person and property be appointed. Is there a single community in North Carolina today where the putting into force of such a statute would not be fraught with beneficent result? Would not such measures, wisely enforced conserve property rights of patient and long-suffering women and little children, besides exercising a most helpful influence in restraining the subjects of narcotic habit? I mention the sufferings of the opposite sex gentlemen, not to convey the idea the misuse of narcotics is wholly a masculine failing, but especially for the reason that I believe the chiefest indirect sufferers from these habits to be in larger part, women and children. Womankind we well know cares for and clings to fallen man much longer than men do when the conditions are reversed. When the state of North Carolina enacted its prohibition statute in 1908 the initial step in the direction of farther legislative effort was taken, and it may be questioned if we are not now ready to extend farther our lines of effort to save and to help our weaker members of so-

ciety by providing legislation along the lines of the Michigan statute referred to?

There is a matter for future consideration, but the practical question that confronts we of the medical profession of the state today is. What may the North Carolina physician do to farther promote the beneficial results hoped to accrue to state and nation by the enforcing of the Harrison Anti-Narcotic Law? Can we do anything? Yes, I believe very much. No body of men exert today a more potent influence on the progress of the social affairs of life in this state than do the members of this body of physicians. And this for the very excellent reason that our medical practitioners, best of all men, understand humanity, its aspiration, its purposes, its strength, its weakness, its capacities, and its incapacities, and may best judge of the limitations of human endeavor in its many lines of activity. Again to none is offered the opportunity for service that comes daily to us along the lines of helping the people themselves. Here as in other phases of modern public health work, prophylactic endeavor pays best. Primarily all physicians should loss no opportunity to impress upon their clientele the fullest knowledge of the inherent dangers incident to the use of any and all drugs or medicines of any kind whatsoever that allay pain or stimulate quickly to bettered feeling. If every dose of sedative, stimulant, or narcotic was administered, especially in those cases where from the inherent nature of the affection there exists a liability to a recurrence of the condition, with the patient duly understanding the possible dangers lurking in every pain relieving hypodermic, pill, potion, or powder, our duty to our patients would have been more fully discharged. To properly impress patients with the dangers of the careless or inconsiderate use of this class of remedies, valuable, helpful, and in fact indispensable as they are in practice, does not necessarily mean taking him into our confidence to the extent of advising as to the details of name or dosage; quite to the contrary, I do not believe patients are the better for knowing such intimate particulars of therapy.

As citizens we should encourage and lend our aid to every intelligent effort to secure needful legislation regarding farther limitations of the sale of all such drugs and remedies, and in addition, the providing of places for the care and treatment of all narcotic habitues. And when I say this I mean to include in the legisla-

tive program, measures for the relief of alcoholics to the end that they may be lawfully considered and treated as unfortunately defective members of the body politic, and restored, as near as may be, to their normal body condition. To farther these beneficent ends the scientific study of the subject in general, and the work of other states and countries in caring for similar conditions, should be placed before our citizens as opportunity is afforded, and especially should our boards of health, county, municipal and state, carefully consider and treat this whole subject, the use and abuse of narcotics and alcoholics, as an essential and vital portion of the up-to-date public health program. What shall we do with that other menace to securing greater freedom from the uses and misuse of narcotics in the community, the counter prescribing druggist? His class is readily divisible into two groups: the one composed of really honest druggists desiring to do only a thoroughly legitimate drug trade, but who are daily importuned to sell narcotic drugs and remedies by the public a portion of whom are the victims of the careless prescribing of narcotics by physicians in some former illness when the foundation for a narcotic habit was laid. This type is entitled to our kindly consideration, and all thinking medical men recognize the great difficulties druggists have in complying at all times with the spirit and the letter of anti-narcotic regulations, and give them due credit for, in the main, doing their duty and trying to avoid catering to the weakness of habitues. The other type of druggist, always ready to dispense at the fountain almost any sedative or narcotic known to the materia medica, and to suggest one that possibly the patient may not have tried besides being ever ready, willing, and anxious to exhibit his thorough command of not only the remedies used in the treatment of disease and their manner of compound, but the prescribing for every pathological unfoldment of body or mind from abscess to zygodactylism—well I frankly admit my incompetency to prescribe the best disposition to be made of him, though I am putting my trust in an enlightened public sentiment, plus the subtle assistance of the federal deputies operating under the Harrison Anti-Narcotic Law, as probably in the ultimate end serving to accomplish either his eventual destruction or reconstruction.

Lastly, My Brothers of the profession, but far from being least, let us as indi-

vidual citizens, each strive to keep ourselves personally, as well as professionally clean, and free in our own daily lives from the vice of narcotic misusage, carefully seeing to it that our daily lives, and both personal and professional practices, are so ordered and conducted in our every relation to all narcotics, that we may be viewed in every community in North Carolina as men whose personal examples in living their theories, may well emphasize the value to society of the clean bodied physician as a helper and a saviour to his fellows of the race.

HEALTH CONSERVATION AS AN ECONOMIC FACTOR.*

By Dr. Louis G. Beall, Greensboro, N. C.

Health conservation is attracting widespread interest. We all acknowledge that an ounce of prevention is better than a pound of cure, but all of us do not live up to our expressed beliefs. In the hope of arousing a deeper interest in the subject, I shall endeavor to present some facts concerning health conservation. Perhaps much of my material will be familiar to some of you, as I have drawn freely from the authorities; and my apology for thus presenting the subject is the well-known fact that only by iteration and reiteration can we arouse human interest.

Health conservation means more than the mere prevention of disease. It involves a complete revision of the social, economic and domestic relations, and is of such vast proportions that one can only skim the surface in the short time allotted. However, preventive medicine is the cornerstone of our future activities. It is one of the most important factors involved, and the one to which we must first give our attention. We must convince the public, by estimates of the actual cost, in dollars and cents, of sickness and early death, that these causes of our appalling economic loss are to a large degree preventable.

The ultimate object of all medical thought and endeavor—disease—remains the same, although we are constantly changing the methods of our attack. We are becoming more and more familiar with the causes, and acting upon this knowledge we are winning victories today in the treatment of disease that were not dreamed of by the physicians of a generation ago. The discovery that certain diseases are caused by certain

germs has given us a direct point of attack to drive out the enemy; but why allow this enemy to invade our territory, undermine our walls of resistance, and capture the strongholds of our fortifications?

A conservative estimate places the economic loss from preventable germ diseases and postponable degenerative diseases in the United States at four billion dollars annually. This is more than seven times the total amount of money distributed by the life insurance companies in claims and benefits throughout the United States and Canada. It is nearly five times the amount of the National debt. It is almost eight times as much as the total amount spent up to November, 1914 on building the Panama Canal. It is more than seven times the total amount of the combined custom and internal revenue receipts. It is more than eight times the total amount spent on public education.

Stopping three-fourths of the loss of life from tuberculosis, typhoid fever and other prevalent and preventable diseases would increase our average length of life over fifteen years. There are constantly about three million persons seriously ill in the United States, of whom five hundred thousand are consumptives. One person out of every three in North Carolina has had or will have typhoid fever. Of those who contract typhoid, one out of every ten dies of the disease. Among those who survive, during the first five years after their recovery there is a death rate of three times the average. Of these deaths we find that tuberculosis is responsible for thirty-nine per cent., and that the degenerative diseases of the heart and kidney are responsible for fifteen per cent., making a total of more than fifty per cent.

What would it mean to North Carolina if the average life of the adult wage-earning male should be increased, not fifteen years, but one year? There is now a population of two million people in the State. We will estimate that there are four hundred thousand adult males, and that each one has an earning capacity of only three hundred dollars per year. The lengthening of the life of this group for one year would mean that the wealth-producing power of the State would be increased by the enormous sum of one hundred and twenty million dollars. If it could be increased fifteen years, the wages alone would amount to one billion eight hundred million dollars.

*Read before the recent Greensboro meeting of the North Carolina Medical Society.

From the report of the State Board of Health, we find for 1913 there were twelve thousand cases of typhoid fever, with twelve hundred deaths, in our State, and that there were from two thousand to three thousand additional deaths caused indirectly by this disease. We also find that there were six thousand deaths from tuberculosis, and three thousand two hundred from diarrhoeal diseases.

Placing the value of each life at one thousand seven hundred dollars, these direct deaths meant an economic loss to the State of more than eight million dollars, while the indirect deaths meant from four to five million dollars additional. When we include the cost of medicines, services of physicians, services of nurses, loss of wages, and other expenses incidental to sickness, we find a total loss of several millions more.

It has been stated that from forty to sixty per cent. of all cases of typhoid fever can be prevented; but I claim that one hundred per cent. can be prevented; and the time is coming, in the not far distant future, when it will be a disgrace to have this disease, and an acknowledgment of uncleanness. Its prevention can be accomplished by cleaning up, cleaning out, and keeping clean, together with the use of the anti-typhoid inoculation.

May I turn aside just here to offer my congratulations to those counties in the State which have public officers of such broadness of thought, of such love of humanity, of such deep insight into the real needs of the community, that they have appropriated the funds necessary to give their citizens the anti-typhoid treatment? If they now will conduct a vigorous campaign against filth and dirt and flies, this and other infectious diseases in those counties will soon be a thing of the past.

Not only do we suffer an enormous loss from these infectious diseases, but I wish to call especial attention to the appalling loss of life due to the degenerative diseases, as shown by the enormous increase in the death-rate after the age of forty, and to discuss some of the causes of this increase. While statistics gathered from the life insurance companies show a most gratifying **decrease** in the death-rate during the past ten years in persons below forty years of age, they show an alarming **increase** due to the degenerative diseases, after the age of forty. During 1913 approximately one hundred thousand Americans died from Bright's and other diseases of the

kidneys. Fully sixty per cent. of these diseases could have been prevented or postponed for years, if the presence of the disease had, by careful examination, been discovered in its early stages. Dr. Lewis Dublin, of one of the large insurance companies, states that during the past ten years the death-rate from cirrhosis of the liver has increased fourteen and three-tenths per cent.; from Bright's disease, eighteen and one-tenth per cent.; from apoplexy, eighteen and eight-tenths per cent.; from organic diseases of the heart, thirty nine and three-tenths per cent.; from diabetes, sixty per cent.; from diseases of the arteries, three hundred and ninety-six and three-tenths per cent.

During 1913 there were one hundred thousand applicants for life insurance who were declined. Forty-two thousand of those declinations were on account of diseases of the heart, blood vessels or kidneys. The three larger companies declined to insure over twenty-five thousand, forty-two per cent. of whom were declined because of impairment of the heart, blood vessels or kidneys. During the past three years, one of the larger companies has had a death record of eight thousand, forty-three per cent. of which deaths were due to these same diseases. In other words, about thirty-five hundred of these deaths were due to chronic diseases of which at least ninety per cent. were premature.

An interesting fact in connection with this matter is that nearly all of the rejected applicants were unaware that they had any impairment, and also that this examination was the only one of its kind that they had ever had.

We know there are three factors involved in the production of cardio-vascular and kidney diseases:

First, the occurrence of diseases in childhood or early adult life which has left fundamental weakness;

Second, the effects of occupation;

Third, habits and modes of life, such as over-eating and drinking, and lack of proper recreation, exercise and sleep.

Again turning to the life insurance companies for our data, we will mention a few of the results obtained by the Medico-Actuarial Investigation. Forty-three companies gave their experiences covering a period of twenty-five years, and involving the records of more than two million lives. This investigation was conducted to determine from past experience the types of lives among which the companies had a higher mortality than the average. The insured were

divided into many classes, of which the following were the principal groups:

I. Those who were in occupations involving hazard.

II. Those who had a family history of consumption.

III. Those who had a defect in their personal history, such as an attack of appendicitis, renal colic, rheumatism, syphilis and other diseases.

IV. Those whose physical condition was not normal, as shown by indications such as a rapid or irregular pulse, albumin in the urine, and other symptoms.

V. Those whose habits in regard to alcoholic beverages were not satisfactory in the past, or who used liquor steadily at the time of application for insurance.

VI. Those who were distinctly overweight or underweight.

Time will not permit the discussion of all of these groups. I shall confine my remarks to some of the more important, especially those groups in which the impairment can be discovered by a careful, systematic, periodic examination.

For some time the fact has been known in a general way that syphilis shortens life, but just how serious was the result of this disease is now emphasized with telling effect. Of the cases in which the applicants admitted having syphilis prior to the date of application for insurance, the companies had two hundred and seventy-four deaths, while the average mortality should have been one hundred and fifty-three, or an increase of eighty per cent. due to this disease. This means a decreased lifetime for this group of about six years. In addition we know that it shortens the period of activity of its victims by producing many of the degenerations, especially locomotor ataxia and paresis. A disease which shortens the life and limits the activity of the individual, and which causes untold misery and suffering to the progeny, should be and can be banished by an intelligent public opinion.

It is not generally admitted that alcohol and tobacco play an important role in the shortening of human life, but nothing has been more conclusively proven than that a steady free use of alcoholic beverages, or occasional excesses, are detrimental to the individual. Among those who admitted that they had taken alcohol to excess in the past, but whose habits were considered satisfactory at the time they were insured, there were two hundred and eighty-nine deaths, while the average for this group should have been one hundred and ninety.

This means an extra mortality of fifty per cent., or a shortening of life of four years.

In the group who used not more than one glass of whiskey or two glasses of beer per day, the excess in mortality was eighteen per cent. Among those who used more than one glass of whiskey or two glasses of beer per day, the excess of mortality was eighty-six per cent. Another important fact is that in these groups the death-rates from Bright's disease, pneumonia and suicide were higher than normal.

While the investigation did not ascertain the results of the use of tobacco, we have the results of the laboratory experiments upon animals, which show the development of degenerative changes, the most important being the hardening of the arteries. Who can say how much of the three hundred and ninety-six and three-tenths per cent. increase in the diseases of the arteries during the past ten years has been caused by the enormous increase in the use of tobacco?

Heavy and immoderate eating producing marked overweight has a material effect in decreasing length of life, especially at the middle and older ages. For example: Among men forty pounds above the average weight, the lifetime of those who entered the companies at age forty-five was about four years less than that of men of normal weight. Diabetes, Bright's disease, heart disease and apoplexy cause a large proportion of deaths among the overweights.

This investigation shows the effects of incorrect living, and indicates the way in which improvements may be made. From a careful study of the results, one very important fact impresses itself upon the mind, and that is the value of frequent examinations to detect early symptoms and tendencies to disease. I wish time permitted a full discussion of the advantages to be derived from a periodic examination. Dr. Victor C. Vaughn, former President of the American Medical Association, says:

"If preventive medicine is to bestow on man its richest service, the time must come when every citizen will submit himself to a thorough medical examination, once a year or more often."

He also says that "science must discover the facts, and medicine must make application for either cure or prevention."

In the examination of fifteen hundred and fifty-seven policyholders for one insurance company, supposedly well

persons, the following results were found:

Of the total number three hundred and sixty-nine, or 23.69 per cent., were found to be within normal limits. One thousand and eighty, or 69.37 per cent., were found with slight impairments, and one hundred and eight, or 6.94 per cent., were found with serious impairments; of the 76.30 per cent. impaired, there were not ten per cent. who suspected that they did not come up to the normal in every way.

In those found impaired, the following symptoms were found:

Temperature high	78, or about	5.2 per cent.
Temperature low	36, or about	2.4 per cent.
Temperature high, and lung impairment	127, or about	8.5 per cent.
Temperature high, and low systolic blood pressure	25, or about	1.6 per cent.
Lung impairment alone	90, or about	6. per cent.
Heart impairment	238, or about	16. per cent.
Arteries impaired	26, or about	1.7 per cent.
Blood pressure, systolic, high (over 140)	75, or about	5. per cent.
Blood pressure, systolic, low (under 120)	232, or about	15.5 per cent.
Blood pressure, systolic, high, and albumin	71, or about	4.8 per cent.
Specific gravity high (over 1025)	75, or about	5. per cent.
Specific gravity low (under 1015)	83, or about	5.5 per cent.
Albumin	119, or about	8. per cent.
Sugar	28, or about	2. per cent.
Specific gravity low, and albumin	34, or about	2.2 per cent.
Lung impairment, low blood pressure, and high tem	62, or about	4.1 per cent.
Lung impairment, and low blood pressure	110, or about	7.3 per cent.
Tobacco to excess	31, or about	2. per cent.
Excessive amount of alcoholics used	40, or about	2.6 per cent.

Grouped as to impairments of lung, heart and kidney, the following results were shown:

Lung impairment alone	90, or about	6. per cent.
Lung impairment and low blood pressure	110, or about	7.3 per cent.
Lung impairment and high temperature	127, or about	8.5 per cent.
Lung impairment, high temperature and low bld pres	62, or about	4.1 per cent.

Making a total with some lung impairment of

Heart impairment	238, or about	16. per cent.
Arteries impaired	26, or about	1.7 per cent.

Making a total of

High blood pressure alone	75, or about	5. per cent.
High blood pressure and albumin	71, or about	4.7 per cent.

Making a total with high blood pressure of

Low blood pressure alone	232, or about	15.5 per cent.
Low blood pressure and high temperature	25, or about	1.6 per cent.

Low blood pressure, high temperature and lung im-

pairment	110, or about	7.3 per cent.
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Making a total with low blood pressure of

Albumin alone	119, or about	8. per cent.
Albumin and high blood pressure	71, or about	4.8 per cent.
Albumin and low specific gravity	31, or about	2.2 per cent.

Making a total showing albumin of

While these statistics do not cover a very large group of persons, still the results shown certainly impress upon us the fact that oftentimes a man of seeming perfect physical condition has an impairment which may seriously undermine his health if allowed to go unnoticed. A man may not be afflicted with tuberculosis, heart disease or any other gruesome malady, and yet may be but a pale reflection of what he might be with his physical handicaps removed, with his life adjusted according to the rules of personal hygiene, even as they are known

now in the rudimentary state of that science.

In conclusion, I will say first that our state is paying an enormous toll each year in the loss of thousands of persons whose deaths are due to preventable infectious diseases. We know the cause of typhoid, malaria, yellow fever, tuberculosis, diphtheria, and nearly all of the other infections, and we are taking some precautions to protect against them by the employment of whole-time health officers, by clean-up campaigns, by fly campaigns and mosquito campaigns, by milk and water inspection.

Second, that North Carolina is paying as large a toll, and in the future will pay a still greater toll, from the postponable degenerative diseases; and we sit idly by, with our hands folded, when we know that the early detection of the incipient symptoms of these diseases can be gotten from the periodic, systematic and thorough examination. The infectious diseases have grown beyond an individual concern, and have become a community concern, and must be handled to a large extent by the community. The general practitioner of the future will be called upon more and more to treat the degenerative diseases, and he must equip himself with laboratory and adequate apparatus to detect the early signs of these diseases. He must prepare himself to regulate the lives of his patients. He must first learn the gospel of moderation in diet, and of clean and sane living, and must preach this doctrine to his patients. He must teach his patients the necessity of frequent examinations. He must instruct the youth in matters of sex hygiene. He must show his patients how to stay well, by observing laws of health in regard to recreation, exercise and other simple laws of nature. In other words, he must lead in matters of prevention as he now leads in matters of treatment and cure.

Am I invading the realms of dreams when I say that in the not far distant future we will find groups of families who will band together and pay a doctor to keep them well? That they will employ a Health Master who will cease to be merely a carpenter, with his kit of tools, responding to emergency calls, and who will become an architect building an earthly temple for the habitation of a divine spirit.

HEREDITY AS IT RELATES TO FEEBLE-MINDEDNESS.*

By C. B. McNairy, M. D., Kinston, N. C.

In discussing this subject, I trust I will not be expected to rely upon my own observation, experience or knowledge, which is quite limited, therefore, I will of a necessity, be compelled to quote freely, from psychologists, biologists and the later authors on works of heredity and feeble-mindedness, giving a short summary of their conclusions.

Webster defines heredity as that which descends by inheritance. I think our former ideas of heredity have been very charitable to our forebears, in that we were wont to trace only our good qualities of manners, intellect and social and political achievements to the long ancestral stream of blue blood or royalty that courses through our veins, and our misfortunes, mental and physical afflictions to something entirely foreign, for instance, to evil spirits, witchcraft, the lack of social, educational and religious environments.

How often have we heard it said that he or she came of the noblest blood but seems possessed of the devil, not for an instant dreaming that they have inherited long accumulation of ancestral weaknesses, and really are only the unfortunate objects of the penalty of the sins of the fathers.

Mendel's law, which he discovered by the crossing of individual plants, mostly peas, with one pair of contrasting characters. His method consisted in crossing two forms having distinct characters and counting the number of offspring in successive generations showing one of the other of these characters.

He called the peculiarity with which the two plants differed, the unit character, for example, the tallness or the color of the seed, he called the characters which appeared in the first generation of the result of his cross, fertilization, the DOMINANT. The one that did not appear until the second generation he called RECESSIVE on the ground that it was there in the first generation, but it did not appear in the next generation.

Considering the spermatozoon and ovum in animals. It was found that if these "germs cells" previous to being placed under the microscope, were put in some kind of stain, certain bodies appeared in the cells because they had absorbed some of the stain or coloring

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matter. Nothing was known of the function or the purpose of these bodies, but because they become colored under this treatment they were called color bodies or chromosomes.

"It was found later that there was practically always the same number of these bodies in the germ cells of the same species of plant or animal. They were thus not accidentally colored bodies, but bodies of some significance. Furthermore, it was discovered that there is a process of maturing or ripening in these cells before they are ready to unite with the cell of the opposite sex for the formation of new individual. In this ripening, the number of these bodies, or chromosomes, is reduced one-half." (Feeble-Mindedness, Goddard, p. 534).

"It is thus seen that the new individual formed by this union of these two mature cells there will be the regular number of bodies, or chromosomes, half of which have come from each parent. It was soon concluded that these chromosomes were to be considered the bearers of Heredity, which in part at least, explains the mechanism of the transmission of the traits from parents to children. The offspring may inherit the same trait from both parents, or he may inherit from only one, therefore, we have duplex, simplex, nulliplex, giving us the Neomendelian classification of individual inherited determiners. For reasons which we cannot explain here, the biologists conceive that each chromosome has within it what are called determiners, that is certain particles, molecules or elements, which contain within themselves the potential organ which they represent, or some quality or characteristic of the organ such as the color of the eye or of the hair. If the individual has brown eyes it is because his chromosomes carried determiners for brown eyes. If he has long arms, it is because his chromosomes, some of them at least, carried determiners for long arm bones." — (Feeble-Mindedness, Goddard, p. 536).

"Many investigators have carried out similar experiments on many species of animals and plants and have greatly extended our knowledge of the principles of inheritance discovered by Mendel. But in the main, Mendel's conclusions have been confirmed again and again, so that there is no doubt they constitute an important rule of inheritance among all organisms." (Heredity and Environment, Conklin, pp. 250, 297).

Breeders have long known that it is possible to get certain desirable char-

acters of an organism from one race, and other desirable characters from another race. Since the discovery of the Mendelian theory of Heredity, such new combination of old characters have repeatedly been made, and with almost the same certainty of results as when the chemists make combinations of elements or radicals. This is the chief method employed by Burbank in producing his really wonderful new creations in plant life. By extensive hybridization, he brings about many new combinations of old characters, a few of which may be commercially valuable." — (Heredity and Environment, Conklin, p. 379).

"East and Shull have shown that Hybrids between two races of corn may be very much larger and more fertile than either parent. Unfortunately, such hybrid races of corn do not breed true and crosses, must be made anew in each generation if maximum results are to be had. Nevertheless, this method of hybridization, or heterozygosis, as it has been called, offers extremely important means of quickly producing very vigorous and fruitful individuals, but not lines or races which breed true."

"This is what is meant by the control of heredity; namely, the possibility of preventing the reproduction of individuals with bad traits, and of making new and favorable combinations of old traits by means of selective breeding, and of seizing upon and perpetuating new and favorable mutations."

"The Mendelian association and disassociation of characters produce new forms of adult and plants, but not new Heredity Characters. New combination of factors may be compared to new combinations of chemical elements. You can always get out of the combination what went into it. The actual origin of new hereditary characters or mutations is obscure. Many individual modifications may be produced, which do not become racial. In most cases, such mutations consist in the dropping out of some old character rather than in the addition of a new one."

"Science has taught us something of the wonderful stability of the past time and of future ages something of the eternity of natural processes—it is surely not possible, to improve on nature's method of eliminating the most undesirable lines from reproduction. This has been the chief factor in the establishment of the races, of domesticated animals and cultivated plants. The improvements of environment and oppor-

tunities for individual development, enables men at the present day to get more and more of their heredity than was possible in the past. The advance of civilization has made only improvements of environment, but neither environment nor training change the hereditary capacity of man. There has been no perceptible improvement in human heredity within historic time. Nothing comparable with the changes which have occurred in domesticated animals. Indeed, no modern race of men is the equal of certain ancient ones. The method of elimination by the destruction of the weak, cowardly, and antisocial which was the method practiced in ancient Sparta is repugnant. The worst forms of mankind may be prevented from propagating, and the best types may be encouraged to increase and multiply.

"Children's children are the crown of old men and the glory of children are their fathers." Prov. 17:6.

"Galton has pointed out the fact that in the little country of Attica in the century between 530 and 430 B. C. fourteen illustrious men, one for every four thousand three hundred of the free born adult male population."

In the two centuries, 500 and 300 B. C., this small barren country, with area and total population about equal to that of the present state of Rhode Island, with less than one-fifth of the free population, produced twenty-five of the illustrious men. Among whom were Pericles, Aristodes, Comon, Themistocles, Euripides, Sophocles, Socrates, Plato, Aristotle, Demosthenes and others. These illustrious men came from a remarkable race, composed of individuals, by a process of unconscious, but severe selections. Athens was the intellectual and social capital of the world and to it the most ambitious and capable men were irresistibly drawn. It was a good heredity as well as good immigration that made Athens famous."

"Galton concludes that the average ability of the Athenian race of that period was, on the lowest possible estimate, as much greater than that of the English race of the present day, as the latter is above that of the African Negro."

"Social morality grew exceedingly fast, marriage became unfashionable and was avoided. Many of the more ambitious and accomplished women were avowed courtesans, and consequently infertile, and the mothers of the incoming population were of the heterogeneous class. It is therefore no surprise to us

that the high Athenian breed decayed and disappeared." "He that begetteth a fool, doeth it to his sorrow, and the father of a fool hath no joy. A foolish son is a grief to his father, and bitterness to her that bare him." Prov. 17:21 and 25.

The best authorities of today give heredity as the direct cause of feeble-mindedness in 75 per cent. of the cases with the most conservative, others holding that as much as 90 to 95 per cent. of all feeble-mindedness is due to heredity."—(Dr. H. H. Goddard, Vineland, N. J.; Dr. Burnstine, Rome, N. Y.; Dr. Richard Cabot, Boston, Mass.; Dr. Fernald, Waverley, Mass.).

"Feeble-Mindedness produces more pauperism, degeneracy and crime than any other one force. It touches every form of charitable activity. It is felt in every part of our land. It effects in some way all our people. Its cost is beyond our comprehension. It is the unappreciated burden of the unfortunate. It is a burden we are compelled to bear; therefore, let us bear it intelligently, to the end that the chain of evil may be lessened, the weak cared for and the future brighter with hope because of our effort.

"Ye who are strong must bear the infirmities of the weak."—(Amos W. Butler).

"There can be no doubt that the main characteristics of every living thing are unalterably fixed by heredity. Men differ from horses or turnips because of their inheritance. Our family traits were determined by the hereditary constitutions of our ancestors, our inherited personal traits by the hereditary constitutions of our fathers and mothers. By the shuffle and deal of the hereditary factors in the formation of the germ cells and by the chance union of two of these cells in fertilization, our hereditary natures were forever sealed. Our anatomical, physiological, psychological possibilities were predetermined in the germ cells from which we came. All the main characteristics of our personalities were born with us and cannot be changed except within relatively narrow limits. 'The leopard cannot change his spots nor the Ethiopian his skin,' and 'though thou shouldest bray a fool in a mortar with a pestle yet will not his foolishness depart from him.' Race, sex, mental capacity are determined in the germ cells, perhaps in the chromosomes, and all the possibilities of our lives were there fixed, for who by taking thought can add one

chromosome, or even one determiner to his organization?"

(Conklin, *Heredity and Environment*, Page 447.)

It has been well said that there are three important events in a man's life: "His ingress into the world.

His progress through the world.

His egress out of the world.

His ingress into the world is naked and bare.

His progress through the world is trouble and care

His egress out of the world is, God knows where

If he does well here, he will do well there."

THE SURGICAL ANATOMY OF THE THYROID GLAND.*

By Dr. John E. Ray, Jr., Raleigh, N. C.

The subject of the anatomy of the thyroid gland has grown to be one of vast importance, since in recent years the treatment of the pathological changes, both structural and functional in this gland have been gradually shifted from the field of medicine to that of surgery, and if not completely shifted, it has been recognized that the treatment of these conditions belongs to the field of surgery, as well as that of medicine. Indeed, it is generally conceded now that the real success in the treatment of these obscure conditions lies in the judicious use of both surgery and medicine.

The purpose of this paper is to outline briefly the development of the thyroid, its anatomy, and to give a short resume of the chief surgical procedures with the anatomy of these steps. I shall not attempt to go into the discussion of the various problems presented by the practically unknown physiology and pathology of these conditions; nor into the indications for or against any method of treatment, being content to briefly outline the more common procedures, leaving these other subjects to the fields in which they rightfully belong.

Embryology. The thyroid gland makes its first appearance during the fourth week of intrauterine life, as an evagination from the entodermic layer of the walls of the primitive pharynx. There are three points in this wall, one ventral from the second visceral cleft, two lateral from the fourth visceral cleft, which are the points of origin of this organ, though the relative importance of

these three as regards the amount tissue furnished is still a debated question. His claims that the median point furnishes the isthmus and most of the lateral lobes; Verdune claims that the median point furnishes all of the gland and that the lateral buds atrophy.

The median portion arises from the ventral wall of the pharynx in the median line between the first and second visceral arches. This pouches out on either side assuming the form of an epithelial vesicle, connected by the constricted pedicle of the diverticulum with the ventral wall of the pharynx. The orifice of this pedicle corresponds to the point of junction of the three parts of the tongue and forms the Foramen Caccum, the remains of which are seen at the apex of the V shaped row of Circumvallate papillae of the tongue. As the embryo develops the primitive gland tissue becomes more bilobed and the duct larger and upon the embryos attaining the length of 8 mm. the tube becomes closed and atrophies. This is seen in the adult as the canal of His. Upon attaining the length of 14 mm. the enlarged distal end breaks up into an anastomosing trabeculae. At the length of 18 mm. the lateral buds separate from the points of origin and fuse with the median portion.

The lateral buds arise from either side of the pharynx from the fourth visceral clefts, and separating from the points of origin give out small buds and gradually approach the median line, fusing with its posterior surface. These three parts unite in the seventh week and after the fusion consist of a net work of cords of cells, the meshes of which reticulum are occupied by embryonal connective tissue. Subsequently the cords of cells become hollowed out, and exhibit alternating enlargements and constrictions. By the increase of constrictions the continuity of the cell cords is interrupted at short intervals, and so the net work is converted into numerous closed follicles lined with epithelium, the formation of the follicles beginning in the eighth week. The follicles later undergo considerable increase in size on account of secretion by their epithelial cells of a peculiar colloid material characteristic of the thyroid body. The embryonal connective tissue, made up necessarily of mesodermic elements, furnishes the connective tissue frame work and blood vessels of the organ; while the epithelium evaginates in the manner indicated from the entoderm of the gut tract.

Gross Anatomy. The thyroid gland

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consists of two roughly pyramidal shaped lobes lying on either side of mid line of the neck extending from the sixth tracheal ring to the middle of the thyroid cartilage connected by an isthmus of varying size, which joins the lobes nearer the lower than the upper poles. The isthmus lies upon the second, third and fourth rings and is connected with it. It is bluish red in color, rather firm in consistency and weighs normally from forty to sixty gms., being larger in female than in the male. It is convex and rounded on its outer surface, but on the posterior surface conforms roughly to the shape of the underlying structures. The lobes are triangular in shape with base downward, measuring about 5 cm. at base; one and eight tenths cm. at apex and about two and a half cm. thick in the middle portion. The isthmus varies from six to eighteen mm. in breadth and is of varying thickness.

It is completely surrounded by a thin connective tissue capsule, the anatomical capsule, from which septa and trabeculae pass into the gland dividing it into lobules. The gland substance consists of variously shaped, nonconnecting follicles varying in size and separated by a vascular connective tissue continuous with the tissues surrounding the lobules and with that of the capsule. The follicles are lined with a single layer of epithelium, in which two sets of cells are distinguished, chief and colloid cells, and are filled with colloid substance, the secretion of the gland. The septa are filled with a rich capillary net work of both blood and lymph vessels.

Outside this anatomic capsule is the surgical capsule, or as called by Kocher, the external thyroid capsule. It is a thin layer of the deep cervical fascia formed as follows:—the layer of cervical fascia that splits to enclose the sterno mastoid gives off from its deep surface one or fascial bands that enclose the great vessels and form their sheath. From the mesial side of this vessel sheath several processes arise; one passes anteriorly in front of the thyroid and joins a similar layer from the opposite side, forming a part of the pretracheal fascia. This layer extends upward from the isthmus and adjacent portion of the thyroid to the cricoid and lower borders of the thyroid cartilages forming a distinct band, the anterior thyroid ligament. Another process passes from the vessel sheath posterior to the thyroid and splits into two layers, the posterior passing behind the oesophagus to form the pre-

vertebral fascia, the anterior one passing along the posterior surface of the gland and is inserted into the posterior part of the external surface of the trachea. It is between this layer and the posterior portion of the anatomic capsule that the parathyroid glands lie. As result of the fixation of this sheath anteriorly to the trachea the gland moves with the trachea in swallowing. In the external capsule are numerous veins, venaeaccessoriae of Kocher. The recurrent laryngeal nerve lying in the groove between oesophagus and trachea is imbedded in the posterior sheath of the external capsule.

Relations. The apex of the gland lies between the sterno thyroid muscle and the inferior constrictor of the pharynx, the latter separating it from the hinder portion of the ala of the thyroid cartilage and its inferior cornu. Anterior to the gland on each side lie the sterno thyroid muscles in front of which are the sterno thyroid, and running diagonally across the upper part of the sterno thyroid is the anterior belly of the omohyoid. The sternal end of the sterno mastoid muscle covers the lower end of these muscles and also a part of the lateral lobes of the gland. The anterior juglar veins pass down on either side to the mid line between the superficial layer of the deep fascia and the depressor muscles. Posteriorly and internally the gland lies in relation to the trachea, larynx, oesophagus, and superior thyroid arteries above; and the recurrent laryngeal nerve, longus colli muscle, the inferior thyroid arteries and parathyroid bodies below. External to the lateral lobes is the carotid sheath with the artery, vein, and vagus nerve. When the thyroid gland enlarges, its relationship to neighboring structures changes. If enlarged forward or upward the goiter stretches and separates the muscle over lying it. If lateral the carotid sheath and its contents are displaced. In a large goiter the artery may be pushed out and behind the vein while the vein becomes spread out upon the side of the tumor; or may even lie on its anterior surface. In extreme cases the artery and vein may be separated by considerable distance, the vein lying in front and nearer the mid line than the artery. Hence the position of the artery does not always indicate the position of the vein. This is probably due to the fact that the veins that pass from the gland to the internal jugular vein limit its displacement, while the artery is not so restricted. The recurrent laryngeal nerve may be pushed back

farther between the trachea and oesophagus.

Blood Supply. The arteries supplying the thyroid gland are two superior, two inferior and occasionally the thyroidea ima.

Superior thyroid arises from the front of the external carotid a little above the origin of that vessel, and coursing forward, inward, and then downward in a tortuous manner goes to the depressor muscles of the hyoid, the larynx, the thyroid body, and the lower part of pharynx. At first it runs upward and forward just beneath the great cornu of the hyoid. In this part it lies in the superior carotid triangle and is quite superficial, being covered only by the skin, superficial fascia, and platysma. It then turns downward and passes beneath the omohyoid, sternohyoid and sternothyroid muscles and ends in the upper part of the thyroid body by breaking up into branches, some pass in front and others behind the lateral lobes to anastomose with ascending branches of the inferior thyroid, others go to the isthmus anastomose with vessels from the opposite side.

Inferior thyroid arteries. The inferior thyroid artery is the largest branch of the thyroid axis, which arises from the first portion of the subclavin artery. It may arise as a common branch with the suprascapular or be a single branch of the subclavin itself. It ascends tortuously upward and inward in front of the vertebral artery, inferior laryngeal nerve, and longus colli muscle; and behind the common carotid artery and sympathetic nerve and internal to the scalinus anticus muscle to the back of the thyroid body where it breaks up into branches which anastomose with the superior thyroid and those of the opposite side, also sending branches to the parathyroid bodies which lie in close relation to the ascending branches on the posterior surface of the gland.

Veins. Are of three sets, superior, middle and inferior.

Superior. There are one or two on each side which leave the upper pole of the thyroid where the arteries enter and ascend to join the internal juglar or common fascial veins passing behind and beneath the artery.

Middle. These usually leave the lateral lobes at about their center, cross the common carotid in front, and enter the internal juglar vein. They are not constant and may be represented by several veins.

Inferior. These are the largest vessels of the return flow of circulation; are formed by branches from the isthmus, and lower part of the lateral lobes. Their course is variable but in general descends along the trachea on either side to the innominate veins. At times they may form a plexus in front of the trachea below the isthmus.

Nerve Supply. The nerves of the thyroid accompany and surround the blood vessels. They are derived from the superior ganglion of the sympathetic and from the superior and inferior laryngeal branches of the vagus. No secretory fibres have been demonstrated.

Surgical Conditions. The conditions of the thyroid which a surgeon is called upon to treat are roughly divided into two classes.

1. Those in which the pathological changes do not have to do with the secretory functions of the gland but of the gross changes.

2. Those due to morbid conditions of the secretory function.

Under the first head come (1) simple goitre, (2) cystic goitre, (3) malignant changes, (4) acute and chronic infections.

Under the second head come (1) hyperthyroidism, (2) Exophthalmic goitre.

As we divide the surgical conditions into two classes so we may divide the surgical procedure into two classes.

1. For the gross morbid conditions:

(a) Excision, which is the removal of one lobe or one lobe and isthmus.

(b) Resection, which is the removal of part of one lobe or parts of both lobes.

(c) Enucleation, which is separation of a cyst or discrete nodule from healthy thyroid tissues.

(d) Extenuation, which is the incision and evacuation of a cyst or nodule.

2. For the functional conditions. The first two of the above have been, and are now being used; but the far better treatment of these is by ligation of the superior and inferior thyroid vessels, either double or singly, at one or more sittings; except in cases where one-half of the gland is palpably at fault. Then hemithyroidectomy should be used.

Procedures.

1. Simple cases.

Before one begins these operations he must always bear in mind the relation to certain structures that it is imperative not to injure. That is, he must know what not to do as well as what to do. These points are:

(a) Do not injure the recurrent laryngeal nerve. This is found between the trachea and oesophagus posterior and medially to the gland capsule.

(b) Do not remove the parathyroids. These lie between the two capsules of the gland posteriorly in close relation to the inferior thyroid arteries.

(c) Preserve enough tissue to prevent the occurrence of myxedema.

(d) Also important is sufficient exposure of the operative field so that all steps may be in sight.

Incisions. The usual incisions in these operations are:

1. Collar or transverse.
2. U shaped.
3. Oblique along the outer margin of the sternomastoid. And various modifications of these three.

Excisions. The transverse or collar incision is curved with slight concavity upward, extends from one external jugular vein to the other with its lowest point about 3 cm above the sternum. The skin and platysma are cut together and dissected up and down. Next the cervical fascia, containing the anterior jugular vein, is cut in the same way, the vessels being ligated previously. This exposes the depressor muscles and the sternal attachments of the sternomastoid muscle. The sternohyoid and thyroid muscles are separated in the mid line by blunt dissection, care being taken not to injure the under lying veins. If a wide exposure is demanded the sternohyoid, sternothyroid, and anterior belly of the omohyoid muscle are clamped across and cut either in one mass or separately. It is usually safe to cut the sternothyroid separately as a better exposure of the under lying veins will be made after the two superficial ones are cut and less damage to the vessels is apt to occur. If, however, only a slight exposure is necessary, simple retraction of the muscles will answer the purpose. As the muscles are separated from the external capsule the vessels are exposed.

Two important steps now present themselves:

1. Ligation of the superior thyroid vessels.

2. Incision of the external capsule.

The upper pole is now grasped with the fingers, separated from the surrounding structures, pulled forward and the superior artery vein ligated. If the goitre is very large it may be necessary to open the capsule previous to ligation. The middle vein is now tied and cut and the gland pulled well to the mid line

after a careful blunt dissection with the finger has freed it from the carotid sheath. The sheath is now open from pole to pole and the upper pole is displaced downward and to the median line. Care must be taken in this step or the parathyroid tissues will be included in the dissection. By keeping close to the gland structure the parathyroid tissue will be avoided, as will the recurrent laryngeal nerve. The dissection is now carried downward until the inferior thyroid vessels are exposed. These are ligated and cut. The isthmus is now freed from the trachea as the lobe is drawn to the opposite side; is clamped, ligated, cut through the mid line and sutured over the clamp with a running suture, which is tightened as the clamp is removed. Another layer of suture is placed over this one. If both lobes are to be removed, a similar procedure is carried out on the opposite side. A puncture wound is made below the incision for drainage, and the wound closed in layers with especially good sutures placed upon the cut muscles.

Resection. The preliminary steps in this operation are similar to those in the preceding one. I would like to especially emphasize the necessity of good exposure of the field here. After free exposure of the part to be resected two methods can be pursued.

1. Ligation of the vessel to the part and excision after clamping off the part. The stump is then sutured over with a double row of sutures.

2. By removal of wedge shaped portion of the gland. The Mayo technique is as follows—a series of Ochsner clamps are applied as follows: one at the superior pole, as a rule one inch from the upper extremity; one at the inferior pole; three or four laterally, placed on the larger vessels of the capsule, and two or three on the tracheal side. These forceps approximately placed serve the joint purpose of marking the limitations of resection and of enabling one to control hemorrhage by traction on them with support of the lobes from behind the finger. The lobe is encircled with the incision through the capsule just above the forceps. The resection is then made by wedging out the interior of the gland. Starting at either pole a continuous mattress suture of plain cat gut, from outer to inner capsule is inserted behind the line of the forceps, originally placed on the capsule and continued to the other extremity of the lobe. This controls practically all the bleeding and

obliterates the cavity in the center of the lobe. The same suture, returning in an opposite direction, by locking stitch catches the edge of the capsule and rolls the edges together in some semblance to a normal lobe. In this operation no danger of injuring either the parathyroid or recurrent laryngeal nerve arises.

Enucleation. Exposure as in the previous cases. The surgical capsule is incised and the veins in it ligated. The true capsule and thyroid tissue over the nodule are incised until the nodule is reached. The opening in the gland is then stretched with instruments and the nodule carefully shelled out with the finger. Deep mattress sutures of cat gut are inserted to approximate the edges and stop oozing. Drainage is used only if a large raw area is exposed, or if hemorrhage is likely.

These three steps will handle all of the cases in the first class. The surgical cases due to morbid changes of secretion are best treated by ligation operations, i.e. ligation of the superior and inferior thyroid arteries.

Superior thyroid. A transverse incision about two inches long, beginning near the mid line of the neck and running outward, is made at about the level of the middle of the thyroid cartilage. The skin and platysma are cut through, then the deep fascia. These dissected up and downward and retracted. The anterior border of the sternomastoid is retracted laterally and the omohyoid mesially. The vessel will be found rather superficial here entering the upper pole of the gland. A double ligature of heavy chronic gut or linen is passed around it or including the pole and tied and cut across. The platysma and fascia are closed with interrupted sutures and the skin with a subcuticular stitch.

Inferior thyroid. There are two methods of approach to this vessel, anterior and posterior to the sternomastoid muscle.

1. **Anterior.** A transverse incision two inches long is made two or three cm above the clavicle extending from the mid line out over the body of the sternomastoid muscle. The skin and platysma and deep fascia with the anterior juglar vein are incised and dissected downward and upward. The edge of the sternomastoid is freed from its fascial attachment and retracted outward, and the sternothyroid exposed, freed, and retracted inward. The lower part of the thyroid gland is exposed and should be retracted toward the mid line. This opens the space between the carotid

sheath and the gland. The inferior thyroid artery lies on a place a trifle deeper than the common carotid and is covered by a fascial layer. This fascial layer immediately internal to the carotid sheath is split and the vessel is found lying on the longes colli running down and in from behind the carotid one-half way from the sternal notch to the cricoid cartilage. In some cases it lies directly behind the mid thyroid vein. This vessel is much more difficult to expose than the superior thyroid, the mistake usually being made in seeking it too low. After exposure the vessel is ligated and the repair made as usual.

2. **Posterior.** This route was devised by Dr. John Rogers of New York and is the only method used by him for ligating the inferior thyroid.

An oblique incision two and a half inches long is made over the lower end of the posterior edge of the sternomastoid. The fascia is incised near the external juglar vein which often has to be ligated. The sternomastoid is retracted towards the mid line and the sheath of the great vessels exposed and retracted inward. The dissection is now carefully continued downward until the outer edge of the scalenus anticus is exposed. This is the important landmark. Now the dissection is carried bluntly inward along the anterior surface of the fascial layer which covers this muscle; injury to the phrenic nerve that crosses the muscle posterior to the fascia is thus avoided. The carotid sheath with its contents is drawn forward and internally with a blunt hook. When the inner edge of the scalenus anticus is reached the tissues internal to it are opened bluntly with the index finger and the inferior thyroid artery can be seen and felt just behind a thin layer of fascia internal to the internal border of the muscle. The fascia is opened, the artery raised with aneurysm needle and ligated. Extreme care is necessary in this step because the wall of the artery is thin and easily torn, moreover the depth of the wound makes the control of hemorrhage difficult. The wound is closed with or without drainage, according to the amount of oozing present. This latter way is the easier if one knows definitely the anatomy, otherwise he had better attempt the former method.

References used.

1. Heisler. Text book of embryology.
2. McMurrich. Human Anatomy.
3. Woosley. Surgical Anatomy.
4. Johnson. Operative Therapeutics.
5. Mayo. Clinics.

When Alcresta Tablets of Ipecac were first introduced to the profession as a means of giving the alkaloids of ipecac by mouth, without at the same time causing nausea and vomiting, the wide therapeutic use they would eventually enjoy was not contemplated. They were first used in the treatment of amebic dysentery with very happy results. Following the discovery by Drs. Barrett and Smith of the constant presence of endamebas in pyorrheal lesions, the Alcresta Tablets of Ipecac were employed in treating this extremely prevalent disease and during the past few months have attained a popularity enjoyed by very few drugs.

Alcresta Tablets of Ipecac are composed of Lloyd's Reagent holding in absorption the alkaloids of ipecac—namely emetine and cephaeline, both of which are endamebicidal in action. The tablets are uncoated and while they disintegrate readily in water they do not liberate the alkaloids in any media until it is rendered alkaline. Thus, while the tablets disintegrate readily enough in the stomach, the alkaloids are not freed until the alkaline secretions of the intestines are reached. The use of these tablets is economical, convenient and time saving, important factors in treating a chronic disease prevalent among all classes of people.

In their advertising literature Eli Lilly and Company strongly emphasize the need of proper instrumentation and local treatment and sound a warning to those who use the Alcresta Tablets of Ipecac to the exclusion of proper surgical procedure. Permanent results will best be obtained by combining ipecac therapy with surgical measures.

Asthma and Hay Fever. A writer in one of the Medical Journals makes the statement that research work has left little doubt that Asthma presents the effects of Uric Acid on the circulation of the thorax and that it is paroxysmal, in accordance with the natural fluctuations of the Uric Acid, and the amount of that substance passing through the blood, and furthermore the only way to treat Asthma, is to clean the blood of Uric Acid, and keep it clean.

This can be thoroughly accomplished by the consistent use of URISAL.

Eczema. The appearance of this disease may be accounted for in two ways—one by the skin having to excrete an excess of Uric Acid poison, and the other by the skin coming in contact with some

foreign irritating substance, which from its weakened condition it has not the power to resist. When the disease is acquired in the first manner, it is called Symtomatic Eczema because it is a symptom of the disordered condition of some other organ. The skin is nourished by the blood and it is a natural sequence that if the Uric Acid is removed from the blood through the proper channel, the skin will not be called upon to do this extra work, and satisfactory results can not be looked for until the cause is removed. Urisal taken in one-half to one teaspoonful doses 3 times a day will produce beneficial results. Le Palm an external application of a bland soothing nature will greatly assist in drying up the Eruptions.

Samples will be gladly mailed on application to

Irving Company,
Sta., Baltimore, Md.

A Wisconsin physician reports:-

"For 30 years I have constantly prescribed Tongaline with successful results and have found it most beneficial for all rheumatic and gouty conditions, as also a powerful tonic and eliminant. While there may be many so called imitations of Tongaline, there is none which approaches it in therapeutic efficacy."

"Elixir Saloform Comp., Flexner." Contains 20 per cent. Alcohol. An efficient remedy for Rheumatism, Gout, Cystitis and Uric Acid Solvent. Prepared for physicians' prescriptions only. Robinson-Pettet Co., incorporated. (See page xiv of this issue.)

FOR TREATING BOILS:- To abort boils or carbuncles apply CAMPHOPHENIQUE (liquid) using plenty of absorbent cotton. When the wound is free from inflammation, apply CAMPHOPHENIQUE (powder) as a finishing dressing. It has a tendency to stimulate the granulation of the tissues.

Cod Liver Oil in Chlorotic Children.

It has been found by actual clinical test that the administration of a palatable cod liver oil product is of the utmost advantage in building up chlorotic children. For this purpose Cord. Ext. 01. Morrhuae Comp. (Hagec) is of particular merit since it not only possesses the qualities requisite in overcoming an impoverished condition of the blood-stream but is palatable and does not disturb the stomach, for which reasons it may be continued over long periods of time.

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EDWARD C. REGISTER, M. D., EDITOR
CHARLOTTE, N. C.

LABORATORY METHODS IN THE DIAGNOSIS OF CANCER.

Much progress has been made in our knowledge of the chemical changes which occur in persons with malignancy. Experimental investigations have continued for many years, but, many secrets are still withheld from us. Laboratory investigations have done a great deal to advance the diagnosis of early malignancy but we are forced to admit that not a single one of the specific diagnostic methods known by us at the present time gives conclusive evidence. No one method can be suggested as an absolute proof, but, in combination with other methods they become valuable adjuvants in the diagnosis of early malignancy. Many of our tests aid in the recognition of the late cases but these are inoperable. The aim of the research worker is to find some practical method which can readily be performed by the average pathologist and which will give evidence of malignancy in the curable stage. The cry of the surgeon is that internists do not send the patients for operation while they are in the operable stage; the cry of the internist is that patients do not come to them until they are so far advanced that one cannot be mistaken in the diagnosis, without the aid of the laboratory. To remedy this the public must first be educated in consulting the internist early and then we must find reliable methods of differentiating the benign from the malignant growths. For these methods of diagnosis we must look to the laboratory. Laboratory methods are still in the experimental stage so we cannot be satisfied with any one test but must use every possible means at our command. With the efforts expended in research we can feel reasonably certain that the next few years will bring the specific diagnostic method of malignancy and with it possibly the solution of the cancer problem.

What are the methods of diagnosis at our command at the present time? If we are to make the early diagnosis we must be familiar with present known methods and we must be able to give the proper interpretation to these methods. Care-

ful technique and correct interpretation are important in every examination.

Where tissue is available sections may be made by the pathologist and thus an early diagnosis made. Malignant growths in locations other than the surface presents a more difficult problem. For these we require chemical and biologic tests. In the **Urine** two chemical tests have been tried. The increase of oxyproteids in the urine in cancer seems to be a constant phenomenon in the hands of Salomon and Saxl. In cancer of the stomach Wilenko has shown that there is an increase of pepsin in the urine, while the pepsin in the stomach is either absent or very much decreased. Both of these tests have been confirmed by some observers but they are not widely accepted as offering anything specific in the diagnosis of cancer.

Of the biologic tests there are seven which might be considered. These are as follows:

Miostagmine Reaction of Ascoli and his Pupils.—This reaction is based upon the laws of physiological chemistry, by means of which we are able to identify antibodies in the serum of the individual tested. Ascoli and his pupil Izar examined 62 cases of cancer and were able to obtain a positive miostagmine reaction in 58; comparing them with 48 other diseases, all were negative. Many Italian workers, as D'Este, Stabilini, Agostini, and a host of others, have corroborated these findings, obtaining also 90 per cent. positive reaction and look upon it as specific and characteristic diagnostically.

Complement-Fixation Test.—This was attempted but the results showed so much variation and inconsistency, that not much value could be attributed to it.

Precipitin Reaction (Freund and Kaminer.)—This cell-destroying seroreaction test is not entirely specific but is of value in at least 75 to 80 per cent. of cases, and is, therefore, of assistance in diagnosis when other methods are of no avail. The technic is simple except for the difficulty of obtaining the cancer cell material, as the cells of many cancers are not dissolved by normal serum, which is the basis of the test.

Brieger's Antitrypsin Reaction.—This test is based upon the theory that normal blood serum contains sufficient antibodies to inhibit the digestive action of a one per cent. solution of trypsin on Loeffler plates in the proportion of one to three. The inhibitory power of cancer serum was shown to be markedly increased, ranging

from one to twenty. The positive reaction is questionable for cancer because it is positive in about 52 per cent. of other than cancer cases; only 5 per cent. of cancer cases fail to show the reaction so that the negative reaction has an important bearing and is of value as indicative of non-malignancy, especially when a differential diagnosis does not enter into consideration.

Crile's Hemolytic Test.—Blood serum (or cancer extract) of cancer patients exerts lytic power upon human red blood corpuscles, and the same phenomenon is observed in hemorrhagic transudates of cancerous affections. It is positive in 82 per cent. of cancer cases but as it is also positive in tuberculosis, infectious diseases, pneumonia, and pernicious anemia, its specificity is out of the question.

Cobra Venom Test.—This test has not yet reached a practical stage.

Abderhalden's Test.—The basis of this test depends on the fact that when foreign proteins get into the blood, the body reacts by elaborating a ferment which causes their disintegration. The same reaction is believed to occur under the influence of certain peculiar protein substances derived from the organism itself. As elements from the placenta pass into the maternal blood, the serum acquires the power to digest placental tissue. This power is believed to be present only in pregnancy, and Abderhalden's test for pregnancy is based on this principle. It is asked if it is not possible that in cancer analogous reactions occur so that the serum of cancerous patients may be able to digest cancerous tissue? If this be true then the detection of the products of such digestion would be a means of specific diagnosis. For a time this test was enthusiastically accepted but it has now passed into the stage where it is being assailed on all sides. The exact value of the reaction is still to be demonstrated and it would be well perhaps for the physician not to place too great reliance upon the results of the test even though it be performed in the most reliable laboratories.

The diagnosis of cancer of the stomach is still very difficult. Many gastroenterologists disagree on the interpretation of the findings of gastric analysis. The literature is full of the inconsistencies encountered in ordinary gastric testing and strange results, oftentimes in discord with clinical symptoms, have caused the clinician to rely less and less on the examination of the test meal as an index of gastric function. It would

seem from all this confusion that the results of the findings depend upon having a standard and uniform method which suits the worker, careful technique, good interpretation and the correlation of the laboratory, clinical and operating. At present we have no laboratory test which is absolutely conclusive of gastric cancer, but, we have some findings which, when properly interpreted, help us to make at least a tentative diagnosis and will suggest operative interference.

Coffee colored or dark brown gastric extracts are not of any value except in late inoperable cases of cancer. The dead white color of the gastric extract, associated with markedly absent chymification, is a characteristic finding in the hands of Smithies. He also states that "other things being equal, in a given case of free HCL associated with an increase in total acidity, with the development of obstruction and the demonstration of organic acids, speaks for malignancy."

Oculta blood is a valuable finding but does not differentiate malignancy from ulcer. Organic acids are rarely demonstrated in non-retention cases. In partial stenosis and gastric dilatation lactic acid is frequently found. "93.8 per cent. of all proved cases of late cancer, organisms of Boas-Oppler group, associated with food retention and acid averaging below 10, was a characteristic picture (Smithies)".

The following tests deserve some comment:

Salomon's Test.—Of the reactions in the gastric contents, Salomon's test has proved valuable, frequently disclosing the presence of an ulcerating gastric cancer, when all other signs had failed. A few benign ulcers give the reaction too. Saxl commends this simple technic, of estimating nitrogen in the contents of a fasting stomach, as indispensable in dubious cases. Negative findings have no significance, while the positive ones are of value.

Neubauer and Fisher Test.—This is a glycoltryptophan splitting test and is quite impracticable at present because of the many sources of error.

Passive Anaphylaxis Test.—This test has been proven uncertain.

Wolf-Junghans' Test.—This test is based upon the demonstration of dissolved albumin in gastric extracts. When carefully performed and interpreted it is positive in about 80 per cent. of cancer cases. Smithies finds it a "more constant finding in gastric extracts

than absent free HCL, the presence of lactic acid, and the glycytryptophan test. It was rather more constant than tests for occult blood and the demonstration of gastric motor inefficiency. It was not so consistent in its manifestation as the demonstration of organisms of the Boss-Oppler group or the increase in the formol index. In the differentiation between malignant and non-malignant achylia the Wolf-Junghans' test, when interpreted in connection with other clinical and laboratory data, is of considerable value (Smithies)"

THE PULSE.

The pulse is an index to nervous and vascular states; it is also especially an index in inflammatory diseases. It registers conditions in organic diseases, and in functional disturbances as well. The extent of exhaustion and debility is easily determined by the character of the pulse. We have a weak pulse; (pulsus validus) full, strong pulse; pulse; (pulsus magnus) a hard pulse; a small pulse; a thready pulse; a soft pulse; a rapid pulse; an arithmic pulse; a wiry pulse; a fluttering pulse; and a pulse which rises and falls, as a wavy pulse, where it seems to beat strong for a while and then seems to scarcely beat at all. In some organic diseases, attended with great vascular disturbances, the pulse is uniformly full, hard, and rapid. In valvular heart disease and endocarditis it beats tumultuously. In senile cases it is feeble and intermittent. As a diagnostic and prognostic indicator we can rely on the pulse to show us the true conditions.

TOLL.

The rigors of the winter season exact a heavy toll among the old. The vital powers of the aged are not vigorous enough to withstand the assault of exhaustive ills such as pneumonia, pleurisy, or any other inflammatory and congestive disease.

As a rule those who have passed the three score and ten years succumb in the congestive stage of pneumonia. They generally die about the fourth day of illness. It is the fewest number who survive that stage, and if they do survive, they die in the engorgement state.

Pneumonia is a grave disease at best, but the sedative and antiphlogistic treatment which is indicated in the young and vigorous is not admirable in the aged. The latter class must be supported and stimulated from the very onset of the disease. Medicine, "per se" amounts to but

little except to relieve pain. Topical treatment is best, even for that.

Editorial News Items.

Dr. F. O. Hawley, Charlotte, N. C., died at his home on September 14th. Dr. Hawley was born in Fayetteville, February 14, 1846, being 69 years old his last birthday. His father was Joseph R. Hawley and his mother Sarah Elisa Bradley, both of Fayetteville. There were only two children by this union, Francis Oscar and Erastus Hawley, the latter died in early manhood.

Dr. Hawley's early education was received in Charlotte under General D. H. Hill of the Confederate Army, and also at the Old Trinity College near High Point, N. C. When the war broke out Dr. Hawley was fifteen years of age. He was too young to enlist but was so forceful and so excellent a tactician that he was sent out as a drill master and helped drill the first North Carolina Regiment.

Afterwards he joined the army and went to the front with the Junior Reserves. He was frequently in front of General Sherman. He fought throughout the war and was wounded several times. At Fort Fisher a shell burst in front of him, a piece of it striking him in the face. The scar of this he carried to his grave. He was finally captured at Fort Fisher and carried to Fort Delaware and kept in prison till the close of the war. Dr. Hawley was known when in the army among North Carolina soldiers as a brave man of undaunted courage, deep love for the South and her cause, and was a man who was not only brave but the kindest of the kind. He was ever ready to serve a comrade, in war or peace. He was a devoted member of the Confederate Camp of Veterans and an officer at various times. He was surgeon of the Camp for about thirty-five years.

After returning from the war Dr. Hawley took up the study of medicine and was for a number of years associated with Dr. David McBryde and Dr. Hector McLean, two of the most learned and scholarly physicians in the State. Dr. Hawley and his associates practiced medicine at Shoe Hill, N. C., until 1869. Then he moved to Magnolia. He remained there, however, less than a year, moving to Polkton and then to Anson in 1873. He remained there until 1894. Then he began the practice of medicine in Charlotte. His success in this city was wonderful. He soon became one of our leading physicians. Dr. Hawley

wrote many articles pertaining to health matters. In 1895, twenty years ago, he was made city physician. He held this position until his death. Throughout his long period of service in this position he was never found wanting. He gave his undivided time to the work and was always ready to serve the public in every way that would be uplifting and relieve suffering humanity. His work stood unchallenged as to efficiency, faithful service and honorable and honest effort. Dr. Hawley, though trained many years ago in the old school of medicine, and a wise exponent of that school, still appropriated the best in the new and modern school, and as a physician, as well as man and soldier, was esteemed and revered by the medical profession throughout this section of the country.

Dr. Hawley was for over forty years an officer in the Presbyterian Church. He was the oldest Knight of Phythias, having united with that order in 1865. He was also a master Mason, being a member of Excelsior Lodge, a member of Knights of Honor and a member of the Camp of Red Men.

The writer has known Dr. Hawley from childhood. He was a true man, noble, honorable, upright. He loved the truth and hated the lie. He was square and honorable in all of his dealings. His life was full of everything that made up the true man. He was never known to speak depreciatingly of his neighbor physicians. The community never thought less of one of his competitors on account of anything that he would say or do. His efforts and his words always had a tendency to build up. They were constructive. He depreciated everything that tended to lessen the confidence of the public in medical man. A character of this kind, strong in the community as he was, contributes an unappreciable amount of good to mankind.

Dr. N. G. Moore, of Mooresville, N. C., died at Statesville, N. C., in Dr. Long's Sanatorium in the morning of September 19th. Dr. Moore was forty-eight years old and one of the most prominent physicians in his section of the country. He was sick less than a week and died from blood poison. He was a prominent member of the Presbyterian Church of Mooresville, having been an officer for many years. Dr. Moore graduated from Jefferson Medical College in 1891, received his license from the State Medical Examining Board in the same year and in 1904 joined the State Medical Society. He

made a useful member. Dr. Moore leaves a widow and five children.

A Modern Sanatorium for the treatment of all non-contagious cases is to be built in the suburbs of Charlotte, N. C. Special attention is to be given to nervous diseases and drug addictions. A seventy-seven acre tract of land has been purchased and the hospital is to be located on part of it. The location is in the southeast section of the city, about four and a half miles from the square. The institution is to be thoroughly modern and up to date in arrangement, design, equipment and surroundings. It will be unique of its kind in all this section and when completed will unquestionably be one of the most interesting places, from a medical viewpoint, in this section of the country. It is to be built and owned by the Tranquil Park Company which concern was only recently incorporated. The buildings will be especially designed to give the best attention and treatment to nervous patients who need quiet, restful homelike surroundings. The plant will be composed of several buildings thoroughly equipped with steam heat and all modern conveniences. In order to increase the homelike effect there will be large windows, broad verandas, gardens, and flowers in abundance. Special care will be given to the preparation and cooking of food, and scientific dieting will be one of the principal treatments afforded. A truck and dairy farm will be conducted in connection with the institution in order that fresh and sanitary milk and butter may be had at all times and fresh vegetables in season. Dr. Jno. Q. Myers will be at the head of the institution. His residence will be on the grounds and he will personally see after the welfare of the patients daily. A laboratory will be maintained under the direction of an expert. A complete hydro-therapy bath establishment will be installed. The institution will conduct a training school for nurses. This will be in charge of the superintendent of nurses. Dr. Myers, who is president of the corporation and prime mover of the institution, is one of the leading physicians of Charlotte and one of the best known of the younger physicians of this section of the State. He is at present one of the State medical examiners and has occupied other positions of honor in the State Medical Society. Before opening the institution Dr. Myers expects to take an extensive course of study in the treatment of nervous diseases and possibly make this class of diseases a spe-

cialty. Dr. J. P. Monroe will be associated with him in the hospital. He will act as vice-president and be active in the management of the hospital. Dr. Munroe, of course, is one of the best known physicians in this section of the country having been for a number of years president of the North Carolina Medical College. He was at one time president of the North Carolina Medical Society. His ability as a teacher has been recognized, not only all over this State but in adjoining States. Mr. P. C. Whitlock will be secretary and treasurer of the corporation. We predict for this new institution a fine future. It will fill a place that many think is needed in this city.

Dr. R. M. Gallant, formerly of Bladenboro, N. C., has located in Charlotte, N. C. Dr. Gallant is a graduate of Virginia Medical College, Richmond, Va., having received his diploma last June. Dr. Gallant is a bright young professional gentleman and it is predicted for him that he will do well in this city.

Dr. Henry Smith, of Norfolk, Va., died at his home in that city on September 18th. Dr. Smith was one of the oldest physicians in Norfolk, being in his seventy-ninth year, and one of the most prominent in the State of Virginia. His death was ascribed to a complication of diseases, among which Bright's disease was the most serious. Dr. Smith's birth place was in Canada but he has been a resident of Norfolk since his early professional life, having practiced medicine in that city for thirty-four years without any interruption. For several years, however, he has been retired from active practice. For many years in his early practice he was on duty in the United States Marine hospital. He was well known throughout Virginia and had many professional friends outside of his State. He was not only known as a physician but as a man of kindly address and genial disposition. His personality was very attractive and his ability to entertain was easily recognized in any group among both professional gentlemen and in other social environments. He was an active Mason and had been prior to his death a high official in that order. Dr. Smith received his preliminary education at the public schools in Ontario. He received his degree of M. D. at the University of Michigan in 1859 and also at Victoria College, Canada, in 1861.

The Anderson County (S. C.) Medical Society met in regular monthly session at the county hospital in Anderson, S. C., on the 10th of September. A very excellent paper was read by Dr. J. O. Sanders on neuristhenia. The paper was well received and was considered one of unusual value. It was fully and intelligently discussed. Dr. Harrison Pruitt is president of this society.

Dr. S. B. Barham, of Runnymede, Va., died on September 21st and was buried in Surry County, Virginia. Dr. Barham was seventy-seven years old and had been engaged in the practice of medicine fifty years and was about the best known physician of Surry County. He represented this county in the Virginia Legislature for several consecutive terms and was for more than thirty years chairman of the board of supervisors of Surry County, the longest period one man has ever been known to hold such a position in this State. Dr. Barham graduated at the Medical College of Virginia in 1861 and joined the Medical Society in 1877. He was throughout his professional life a very valuable and useful member to his State Society having held during this long period nearly every office of honor that the society could give him. His death is the passing of a good and useful man.

The Medical Department of Wake Forest College, Wake Forest, N. C., has a larger enrollment this year than any previous session. Fourteen men are applying for degrees next spring while twenty students are taking medicine for the first time this year. It seems that at this institution the course in dentistry is proving very popular.

The Virginia Medical College, Richmond, Va., opened with a very large enrollment on September 21st. Dr. Stuart McGuire, dean of this well known medical college, made a very eloquent and appropriate opening address before the student body which numbered over four hundred. This is the seventy-seventh session. Immediately after Dr. McGuire's address in the college auditorium, Dr. J. A. C. Hoggen, chairman of the Dental School and A. Bolenbaugh, chairman of the School of Pharmacy, met the students of the respective schools and outlined the work for the session. Class work in all the schools was begun at 2 o'clock.

The attendance at the Medical College this session is expected to reach five hun-

dred. During the summer considerable improvements have been made in the various departments. Possibly the most important improvement has been in the Dental School where the newest and most modern equipment has been installed. With the opening of the present session, the Medical College of Virginia becomes one of the foremost institutions of its kind in the United States. Requiring, as it does, two years of collegiate training for students desiring to enter the medical department, the school has secured rank as a Class A, Group 1 school. This rank entitles it to vie with the Medical College of the University of Alabama for supreme standing in the South. It is expected that the standing of the college will be raised still further within the next few years.

Dr. McCauley, the secretary, in his remarks on this occasion pointed out the records of various colleges as compared with that of the Medical College of Virginia within the past few years. Due to the merging of various colleges, the total number of medical colleges in this country has been decreased from 160, in 1901, to 95, in 1915. Of that number there are but eleven which have a larger total enrollment than the Medical College of Virginia, and forty-eight of the ninety-five, in 1914, matriculated less than twenty-five freshmen. That year the freshman class of the Virginia Medical College tallied forty-two.

Dr. Jno. B. Deaver, of Philadelphia, Pa., was in Charlotte on September 28th as the guest of the Mecklenburg County Medical Society. While he was in the city he performed about fifteen surgical operations, some of them at the Charlotte Sanatorium and some at the Presbyterian Hospital. In the evening at the Selwyn Hotel the Doctor delivered a lecture on "Symptoms of the Upper Abdomen." About two hundred physicians listened to this lecture with a great deal of interest. The lecture was well received.

The physicians and surgeons of Richmond, Va., met in the Chamber of Commerce auditorium on the evening of September 21st. Dr. Greer Baughman illustrated several points with lantern slides. About half a dozen cases of unusual interest were reported and fully and intelligently discussed. The subject that received the greatest amount of discussion or attention was that of lockjaw or tetanus and its treatment by injection

of the anti-tetanic serum into the veins and spinal canal.

Dr. J. B. Kennedy died on September 29th at the age of seventy years. Dr. Kennedy was one of Wayne County's most highly esteemed professional gentlemen. He was widely and favorably known all over eastern North Carolina. He was a brave Confederate soldier in his young manhood days and was a beloved physician in his neighborhood, a skilled typical country doctor of the old school. He was educated at the University of Nashville, receiving his degree for doctor of medicine in 1870. He joined the North Carolina Medical Society in 1901. Dr. Kennedy was an honored member of that association.

Dr. A. G. Brenizer, of Charlotte, N. C., is to open a new private hospital on East Ninth street. He has leased the home of Mr. Jno. S. Blake for this purpose. The building will undergo extensive changes and remodeling and all the necessary modifications will be made. The location is appropriate and we predict for Dr. Brenizer success in his new enterprise. He has recently lived and maintained a laboratory in the Blandwood Apartments. It is understood that Dr. and Mrs. Brenizer will occupy the second floor of the hospital for their private use.

Dr. Austin Flint, of New York, died on September 26th from cerebral hemorrhage. Dr. Flint, in all probability, was one of the best known physicians in the world. He first won fame in his early life as a physiologist, and in later years as an alienist. He was the son of Austin Flint, Sr., one of America's greatest physicians. Dr. Flint, Jr., after graduating at Harvard College began the study of engineering but soon abandoned that to prepare to take up his father's profession. He studied medicine in the University of Louisville in 1854-56 and then went to Philadelphia, securing his degree from Jefferson Medical College in 1857. He began the practice of medicine soon after his graduation in Buffalo, N. Y. Shortly after this he established the Buffalo Medical Journal and for many years remained the editor and publisher of that well known medical periodical. He was for many years professor of physiology in the University of Buffalo. In 1859 he moved to New York City and soon afterwards was appointed professor of physiology at the New York Medical College. In 1860 he was called to the chair of phys-

iology at the New Orleans School of Medicine, remaining there only one year when he returned to New York. From 1862-1865 he served as acting assistant surgeon in the United States Army and at the same time filled the chairs of physiology at the Bellevue Hospital Medical College, of which institution he was one of the founders, and at Long Island College Hospital. He resigned the latter in 1868 and left Bellevue College in 1898 to take the chair of physiology at Cornell University Medical College. From 1874-1878 he was surgeon general of the National Guard of the State of New York. While devoting much of his time to physiological experimentation and teaching, Dr. Flint was also a diligent student and practitioner of psychiatry. He was appointed consulting physician to the Manhattan State Hospital for the Insane in 1896, and was one of the State's alienists at several of the Thaw trials, maintaining to the end that the murderer of Stanford White was a paranoiac. He was the author of a number of books and articles among which may be mentioned: A treatise on "Physiology" in five volumes, 1866-75; "Physical Effects of Prolonged Muscular Strain," 1871; "Text book of Human Physiology," 1875-88; "Handbook of Physiology," 1905. Dr. Flint was a man of very distinguished appearance. He always attracted favorable attention wherever he was seen and his social accomplishments were very fine. In his death the medical world loses one of its greatest members.

The Gaston County Medical Society held a public health meeting on October 6th in the court house in Gastonia. Dr. J. W. Babcock, an expert of national reputation on pellagra, delivered an address entitled, "A Study of the Early Writers on Pellagra." The public was invited and a large crowd gathered to hear the distinguished South Carolina specialist. Dr. E. W. Pressley, of Clover, S. C., delivered a very fine address, the subject of which was "What a Modern Community Has a Right to Expect of Its Physicians." The meeting was a very profitable and enjoyable one. Several doctors from the surrounding country attended the meeting. Dr. Babcock, as usual, made a very fine impression on his audience.

Dr. C. M. Trippe, a prominent physician of Charlotte, N. C., who has for several years made a study of nervous diseases and has limited his practice to this class of diseases, is now in New York

where he will remain for about a year in the different hospitals and colleges there studying nervous infections.

Governor Manning of South Carolina has appointed the following physicians of the Palmetto State as members of the medical reserves corps of the South Carolina National Guard: Drs. H. H. Harris, Anderson; A. W. Browning, Ellorree; W. B. Sparkman, Greenville; O. H. Pervis, Cheraw; Henry Deas, Charleston; Henry P. Moore, Orangeburg; Henry Y. Dessasure, Charleston; James H. Hunter, Spartanburg; Geo. W. Beck, Hartsville; C. M. Tripp, Pelzer; J. R. Saunders, Anderson; J. M. Bearden, Laurens.

The forthcoming annual session of the Virginia State Medical Society will be held in Richmond, Va., October 26-29, 1915. An unusually attractive program, and the well known reputation of Richmond doctors for giving their doctor friends a royal good time whenever they visit this delightful Southern city, coupled with the knowledge that the City Council has recently made a special appropriation for the entertainment of the visiting physicians, will doubtless make the meeting largely attended by Virginia medical men and their fortunate friends having invitations. J. H. W.

At Calvary Episcopal Church in Tarboro, N. C., on September 4, 1915, Miss Sophia Bryan Hart of that city became the bride of Dr. William Eaton Wakely of Orange, N. J. After a short tour the doctor will return to his home in New Jersey where he enjoys a good practice.

Gov. Stuart of Virginia has designated the following delegates to the conference of the Southern Tuberculosis Association to convene in Columbia, S. C., October 8, 1915: Miss Agnes Randolph, Richmond; Dr. J. J. Lloyd, Catawba; Dr. Chas. R. Granby, Norfolk; Dr. Harry E. Marshall, Charlottesville, and Dr. E. E. Watson, Salem.

The Catawba County (N. C.) Medical Society held an interesting meeting at Newton, September 14. Dr. T. C. Blackburn was essayist and presented the subject of "Milk-Sickness," a disease in the pioneer days of the country which was a menace to both human beings and domestic animals, but which is now happily almost obsolete and rarely seen.

The Hot Springs (N. C.) Sanitarium and Hotel Company was adjudged bank-

rupt in the federal court at Greensboro, N. C., September 14, by Judge James Boyd. It is believed that an early reorganization, with added betterments, will make this attractive place more inviting and popular than ever before.

Married: At Crouse, N. C., on September 1, 1915, Dr. Forrest Crouse, a promising young physician of that place, to Miss Bessie Heaffner.

Work has begun on the new hospital at Burlington, N. C., which will represent an investment of more than \$25,000.00 when completed, and will care for general medical and surgical cases under the capable directorship of Dr. J. Rainey Parker, formerly of Goldsboro, N. C.

Dr. S. P. Burt, Louisburg, N. C., has returned from post-graduate study with especial reference to cancer investigation in New York City.

Supt. Dr. John McCampbell, State Hospital, Morganton, N. C., reports for the quarter just past: Admitted 52 men; 53 women; total admissions, 105. Discharged 1 man, 30 women; total 31. Died: 9 men, 11 women; total 20. Remaining on rolls, 636 men; 822 women; total 1,458. The corn grown on the farm this year is estimated to be 4,000 bushels.

Damages to the extent of \$3,000 was awarded in Guilford County Superior Court against the city of High Point, N. C., in favor of a nearby farmer on whose land the city sewer was emptied.

The Second Southern Conference on Tuberculosis was held in Columbia, S. C., October 8 and 9, 1915. A number of well known medical men were listed on the program, and the meeting was well attended.

Dr. J. C. Perry, U. S. P. H. Service, has been detailed by the Surg. General to make a sanitary survey of Columbia, S. C., and will complete his work in November. Dr. Perry is a native of Elizabeth City, N. C., a student of the University of North Carolina, an alumnus of the University of Maryland, and saw nearly ten years' service in Panama besides doing special sanitary work in other quarters of the globe. He is admirably equipped for his work and Carolinians are well proud of his accomplishment.

Dr. Fred M. Righter, recently Associate Medical Director of the Pittsburgh,

Pa., Life Insurance Company, will remove to Richmond, Va., October 1st, and become associated with Dr. J. Allison Hodges as Associate Medical Director of the Atlantic Life Insurance Company.

Dr. C. W. Hunt, of Brevard, N. C., has been awarded a prize of \$250. The Dr. Stork Malt Nutrine Department of Anheuser-Busch, St. Louis, Mo., sent a picture to all of the doctors of the United States advertising their product and offered \$250 in gold to the doctor who sent in the best name for the picture. They stated that one name for the picture had been suggested, "Coming Events Cast Their Shadows Before." The picture: Time, twilight, an eight-room cottage on a hill, all of the rooms blazing with light. An old doctor in old time garb walking up the steep and narrow path to the cottage, walking with long strides, his medical satchel in his left hand, his right hand under his chin holding his eye glasses, with elbow bent and extended, pointing from the elbow is an old time umbrella, with the position of the body quite bent looks like it made the shadow of a stork that is seen walking under the doctor's feet, towards the house. **Dr. Hunt**, the well known physician of Brevard, N. C., who has on many occasions contributed very interesting articles to this Journal suggested this name, "On the Honey-moon Trail." This was unanimously decided to be the most appropriate name for the picture. We congratulate Dr. Hunt.

The Chesapeake and Ohio Railway Surgeons' Association met at White Sulphur Springs September 3rd, with a very large attendance and the following officers were elected:

President—Dr. Southgate Leigh, Norfolk, Va.

First Vice-President—Dr. E. H. Griswold, Peru, Ind.

Second Vice-President—Dr. R. S. Griffith, Basic, Va.

Third Vice-President—Dr. A. O. Taylor, Maysville, Ky.

Secretary and Treasurer—Mr. L. G. Bentley, Richmond, Va.

Executive Committee: Dr. Southgate Leigh, Norfolk, Va., member ex-officio; Dr. J. I. Rathburn, Russell, Ky.; Dr. B. B. Wheeler, McKendrie, W. Va.; Dr. O. E. Bloch, Louisville, Ky.; Dr. O. L. Reynolds, Covington, Ky.; Dr. O. O. Cooper, Hinton, W. Va.; Dr. S. W. Hobson, Newport News, Va.

The Association will meet in August, 1916, at the Chamberlain Hotel, Old Point, Va.

The Medical Society of Virginia will hold its forty-sixth annual meeting in Richmond, October 26th to 29th, under the presidency of Dr. Samuel Lile, of Lynchburg. Headquarters will be at the Jefferson Hotel. Dr. Paulus A. Irving, of Farmville, is secretary of the society and will be glad to furnish full information regarding the forthcoming meeting.

The New Mission Hospital, Asheville, erected as a result of a whirlwind campaign, in which \$30,000 was contributed, is almost ready for occupancy. The building contains thirty rooms for patients, with diet kitchens and three storage rooms. It is hoped that the institution may be formally opened by November 1.

State Society Meeting The council committee on advertising and enterprises of Richmond has voted to appropriate \$1,000 to help defray the expenses of entertaining the Medical Society of Virginia which meets in Richmond, October 26 to 28.

Hospital Needs Funds.—The Virginia Hospital controlled by the city of Richmond, but operated by the Medical College of Virginia, has appealed for \$17,000 to carry on its work.

The Annual Meeting of the American Medical Editors' Association will be held at the McAlpin Hotel, New York City, on October 18th and 19th.

The forethought of the Executive Committee in arranging for our annual meeting in the East, instead of subjecting its members to the long tiresome journey to the Pacific coast, has been clearly manifested by the great number who have already expressed their intention to attend the forthcoming meeting.

A literary program of unusual interest has been arranged. Papers of particular importance to medical editors upon subjects of momentary and future value will be presented by men of national reputation, details of which will be mailed you later.

Our annual banquet will be held on the evening of Tuesday, October 19th, at the McAlpin Hotel, and while past events have left ineffaceable and delightful memories, the coming occasion will surpass them all.

Our annual meeting will be held at a time when New York City offers the greatest opportunity for those of our members who desire to observe clinical work and for those who are interested in the business side, a more propitious

time and place could not be selected.

A ladies' reception committee has been appointed and we would most earnestly suggest that you bring your wife and family with you as they will not only enjoy the banquet but the entertainment to be provided for their especial benefit.

Adjutant General W. W. Sale has announced the following assignments of medical officers:

First Lieutenant J. Warren Knepp, of Roanoke, Va. to go with the Second Infantry, and First Lieutenant Samuel P. Oast, of Portsmouth, Va. to go with the Fourth Infantry.

Dr. J. Buren Sidbury has located in Wilmington, N. C., for the practice of medicine. He has for a few years been connected with different hospitals in New York City and his experience is a sufficient recommendation. In 1908 Dr. Sidbury graduated from Trinity College, N. C., with several honors. Immediately after his graduation he went to Columbia University, New York City and in 1912 he received his degree of Doctor of Medicine. He has received the degree of Master of Arts from the College of Physicians and Surgeons in New York on account of work done in chemistry and other sciences. Dr. Sidbury after receiving his degree of M.D., spent one year as resident physician at the New York Foundling Hospital. Later he was appointed attending physician at the Babies' Hospital Dispensary, a position which he held until last month.

A New Hospital will in the near future be erected in Greensboro, N. C. Several local surgeons and other prominent citizens have combined to build and thoroughly equip a general hospital. At the present time the only institution of this character in Greensboro is the St. Leo's Hospital which has been, as we understand, over-crowded for some time. There is in the keeping of the trustees and Mrs. Moses Cone, of Greensboro, an estate worth about \$20,000 of the late Moses Cone, which is to be used for the establishment of a magnificent hospital in that city and a recuperative station at Blowing Rock to work in conjunction. The hospital will not be begun until after Mrs. Cone's death. The building of this institution is an indication of professional activity in Greensboro.

The Fourth District Medical Association of South Carolina met in Easley, S. C., on September 28th. The meeting was

largely attended, the largest in the history of the society. This was partly due to the fact that heretofore the date of the meeting of the association conflicted with the date of the meeting of the Southern Medical Association. The date has been changed and in the future there will be no conflict.

The address of welcome was delivered by Dr. J. L. Valley, president of the Pickens County Medical Society. The response was delivered by Dr. J. S. Stribling, president of the Fourth District Medical Society. The first paper on the program was entitled, "Problems in Infant Feeding" and was read by Dr. D. L. Smith, Spartanburg. The next was "Diagnosis and Treatment of Gastric Ulcer" by Dr. J. W. Parker, Greenville. Following this was "Case Reports" by Dr. J. Baxter Hayes, Spartanburg; "Modern Teaching on Physiology of Digestion" by Dr. J. R. Young, Anderson; "Modern Problems in the Patient" by Dr. Carl Voeghtlin, Spartanburg; "Accidiosis" by Dr. J. B. Townsend, Anderson; "Significance of Laboratory Findings in Nutritional Diseases" by Dr. T. R. Wilson, Greenville; "Diet in Health" by Dr. J. L. Valley, Pickens; "Three Unusual and Interesting Cases" by Dr. E. W. Carpenter, Greenville.

The discussions that followed the reading of these papers were very complete, interesting and valuable. We know of no district medical society in South Carolina that is doing more acceptable work than this. The Fourth District embraces Anderson, Greenville, Spartanburg, Union, Pickens and Oconee counties. Dr. J. S. Stribling, of Seneca, is president and Dr. J. R. Young of Anderson is secretary and treasurer.

The Birth and Death Rate of Portsmouth, Va., for the month of August shows a total of twenty deaths and sixty-five births. Of the deaths nine were white persons and eleven colored. Of the births, forty-seven were white and eighteen colored.

The Statistics gathered for the state board of health of South Carolina show that there were eighty-six deaths from typhoid fever during the month of August. On the morbidity report, however, there were only two hundred and fifty cases reported which, said Dr. Hayne, shows that there were about six hundred cases in the state unreported. This estimate he placed on the ground that the death rate from typhoid fever

is ten per cent., thus calling for the occurrence of eight hundred and sixty cases of typhoid fever in order to give a fatality of eighty. In other diseases the prevalence was not so statewide. Reports were filed for fifty-four cases of diphtheria; one hundred and twenty cases of malaria; thirty-one cases of smallpox; twenty-six cases of tuberculosis, and twenty-six cases of whooping cough.

There were sixty-six reported cases of pellagra, occurring as follows: Aiken one, Bamberg one, Barnwell three, Chester four, Dillon two, Dorchester one, Edgefield five, Greenville seven, Greenwood one, Richland five, Marion nine, Orangeburg two, Laurens two, Saluda nine, Spartanburg eleven, Union one, and York two.

Typhoid fever was reported from the following counties: Abbeville 49, Aiken 3, Bamberg 5, Berkeley 3, Charleston 25, Cherokee 5, Chester 5, Clarendon 7, Darlington 3, Dorchester 3, Edgefield 7, Fairfield 1, Florence 4, Greenville 25, Greenwood 4, Hampton 3, Kershaw 2, Lancaster 3, Laurens 12, Marion 2, Marlboro 3, Newberry 1, Oconee 4, Orangeburg 16, Pickens 5, Richland 37, Saluda 3, Spartanburg 6, Union 3, York 1,

Dr. W. D. Witherbee, who is a well known specialist in Charlotte, N. C., has moved to New York and in the future will continue his X-ray work there. The medical profession of Charlotte will miss Dr. Witherbee who is a thoroughly competent professional gentleman. He was the first physician who confined his work to electro-therapeutics and the X-ray.

Dr. J. F. Robertson, Jr., of Charlotte, N. C., will locate in Wilmington, N. C., for the practice of surgery. His many friends in Charlotte and throughout the country predict great success for him. Dr. Robertson is the son of Dr. J. F. Robertson, Sr., of Charlotte, and is one of the best equipped efficient young surgeons that this city has ever produced. He was graduated from the University of Virginia and then from the University of Pennsylvania where he received his medical training. He then spent two years in the Episcopal Hospital in Philadelphia and he has just finished special work or training in the Kensington Hospital in that city. Dr. Robertson is one of the most accomplished young professional gentlemen that we know of. This, coupled with his attractive personality, makes his future success assured.

A New Hospital is to be built in Tarboro, N. C. The contract was let on October 2nd, to Mr. J. B. Stout and Company, of Sanford, and is to be known as the Edgecombe Central Hospital. It is to cost about \$11,000 or \$12,000. The details of construction call for the most improved methods. It will be a beautiful and up to date small hospital.

The Medical Society of Virginia, at its approaching meeting, will have four of the greatest known American authorities on tuberculosis to appear in a Symposium on Tuberculosis. The Symposium has been arranged by Dr. Samuel Lile, of Lynchburg, Va., president of the association, at the request of the tuberculosis commission appointed by Governor Stuart. The commission, which has done much of its preliminary work and has prepared many surprising statistics, felt the need of expert advice as to the best methods of handling tuberculosis and to that end asked Dr. Lyle, as head of the state society, to devote a special session of the convention to the subject and to procure as speakers men of recognized standing, each to discuss a separate aspect of the problem. The speakers procured by Dr. Lile and the subjects they will discuss when the symposium is held in Richmond on October 26th, are as follows:

Dr. Lawrason Brown, Saranac, N. Y., "Sanatoria in the Fight Against Tuberculosis."

Dr. Louis Hamman, director of the Phipps clinic, Johns Hopkins University, "Dispensaries in the Fight Against Tuberculosis."

Dr. David R. Lyman, director of the Gaylord Farm sanatorium, Wallingford, Conn., "Visiting Nurses in the Fight Against Tuberculosis."

Dr. Charles L. Minor, Asheville, N. C., "Isolation Hospitals in the Fight Against Tuberculosis."

The discussion is to be opened by Dr. John J. Lloyd, resident physician of the Catawba sanatorium, and Dr. Stephen Harnsberger, of Catlett, one of the pioneers in tuberculosis work in Virginia.

These speakers are regarded as authorities of the first rank.

Christian Science.—W. M. Embler, his wife, Chas. Plemmons and a preacher named Ramson have been held by a Buncombe County, N. C. grand jury for manslaughter in connection with the death of Ezra Embler the ten year old son of

W. M. Embler and wife. The child was ill with typhoid fever, the defendants tried to effect a cure by prayer, and refused medical attention, and barred from the house during the child's illness, the nurse sent by the county authorities some ten days after the illness began and when neighbors made complaint of the neglect to the authorities. Federal Judge Pritchard, a most public spirited citizen, visited the child and was active in endeavoring to afford proper care for it.

Dr. Alva H. Humphreys.—At the Associate Reformed Presbyterian Church, Mt. Carmel, S. C., on September 29, 1915, Miss Jamie Boyd became the bride of Dr. Alva Humphreys a prominent young physician of Bethune, S. C.

Dr. John G. Stanley.—In the Methodist Church, Hartsville, S. C., on September 29, 1915, was solemnized the marriage of Dr. Stanley and Miss Marie Clayburn. The bride is a young woman of rare culture and accomplishment, and the groom a graduate of Wake Forest College, N. C., and also of the Medical College of S. C.

The South Carolina Medical College at Charleston, S. C., opened October 1st, with an enrollment of seventy-five students in the four medical classes and the pharmacy class. The work of the two first years has been reorganized and placed on higher standards. Quite a number of applicants were denied enrollment on account of inability to comply with entrance requirements.

Vanderbilt University.—The college work for the ensuing year at Vanderbilt University Medical School opened with more than 300 applicants for admission to the freshman class. A large majority were denied admission on account of the rigid enforcement of the revised standards of the University which has enjoyed the distinction during the past year of being placed in Class A plus by the Committee of the A. M. A.

Dr. Archibald W. Graham.—The marriage of Dr. Graham, Chisholm, Minn., to Miss Alecea V. Madden on September 29, 1915, is announced. Dr. Graham comes of one Carolina's finest families which has contributed many noted names to public life and to the professions. Graduating with distinction in New York several years since, he chose to make his home in Minn. where he has been signally successful to the delight of his many

North Carolina kinsmen and a wide circle of friends.

The Medical Inspection of Schools is a department of public health work the North Carolina Board of Health is actively pushing during the fall term of the schools. In counties not having a whole time county health officer with a systematic school inspection, arrangements are being perfected whereby the local county board of health and school officials arrange with the state board for an inspection at a small sum for each school inspected. The Board furnishes competent experienced physicians for this work which is to become a part of the "unit system" of work to be performed by the State Board in counties whose income does not apparently in the opinion of local public sentiment justify the putting in at once of a wholetime health officer. Alongside of the "unit" of school inspection other "units" of local work by the State Board will be arranged for as occasion and opportunity farther develops the field of public health work in this State.

Dr. Jno. Thames.—His many friends over the state will be gratified to learn that Dr. Thames, formerly of Greensboro, N. C., now assistant county health officer of New Hanover County, Wilmington, N. C., has been completely exonerated of the charge of official negligence recently preferred against him in connection with the care of a patient of the department.

Health Work.—The four recently installed whole time county health officers, Drs. D. C. Absher, Vance County, N. C.; M. T. Egerton, Pitt Co., N. C.; J. C. Braswell, Nash County, N. C.; and E. R. Hardin, Sampson County, N. C., met at Raleigh in the office of the State Board of Health September 18, for the purpose of arranging uniformity of system and methods in the control of infective diseases in their respective counties.

State Sanitarium.—The patients of the State Sanitarium for Tuberculosis, Sanitarium, N. C., have organized a missionary society and arranged to support one native Chinese girl in school in China for the ensuing year.

Dr. Rudolph Teusler, originally from Virginia, is to establish an international hospital at Tokio, Japan. His plans and the financial part of it are satisfactorily arranged. Dr. Teusler is a medical mis-

sionary representing the American Episcopal Church. It has been the writer's observation to recognize on many occasions the value of a medical missionary in all of the oriental countries. It is a field in which missionary work can be accomplished with less effort than any other method usually adopted. It is comparatively easy for a skilled, tactful physician or surgeon to become intimate professionally with Japanese medical gentlemen. The average Japanese physician compares favorably with our young medical men. Tokio is a beautiful Japanese city with a population of about two million people and it has less hospital facilities than Charlotte, N. C.

BOOK NOTICES.

Thirty by Howard Vincent O'Brien, Author of "New Men for Old." Illustrated by Robert W. Amick. New York: Dodd, Mead and Company, 1915. Price \$1.35.

This is a very nice book and the reviewer has looked over it with much pleasure. Mr. O'Brien is a clever writer, his style is attractive. His latest book, "New Men for Old" was a very popular one. This one, however, we predict will be even better received. He has been fortunate in securing the services of Mr. Robert W. Amick to illustrate it. He has scattered through the book fifteen beautiful and appropriate illustrations.

The volume contains 336 pages and the architecture of it is beautiful. Anyone who wants to be entertained for two or three hours will be pleased with this book. We recommend it as a high class short story.

Marie Tarnowska. By A. Vivanti Chartres. With an introductory letter by Professor L. M. Bossi of the University of Genoa. Published by The Century Company, New York. MCM-XV.

The writer's style of writing will attract most anyone. We enjoyed reading her "The Devourers." It was very popular and read by thousands with enthusiasm. This last book is especially interesting to the physician. The life history of Marie Tarnowska is so closely related to one branch of medical science that we feel justified in inviting the attention of the medical profession to it, certainly we are correct if we take into consideration the increasing importance of medical jurisprudence which is so frequently em-

phasized in this book.

The architecture of the book is attractive. It is printed on nice paper and contains 305 pages. It will be not only pleasant but profitable for anyone with reasonable intelligence to look over this book carefully.

Price \$1.50.

Mechanical Vibration, Its Physiological Application in Therapeutics. By M. L. H. Arnold Snow, M.D., Author of "Mechanical Vibration and Its Therapeutic Application." Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics; Associate Editor of the Journal of Advanced Therapeutics; Late Assistant in Electro-Therapeutics and Diseases of the Nervous System in the New York Post Graduate Medical School, etc. Published by the Scientific Authors' Publishing Co., New York, 1912. Price \$3.50

We always read everything that Dr. Snow writes on this subject. His former publication entitled, "Mechanical Vibration and Its Therapeutics Application" is the standard work on that subject. It was well received by every physician throughout the country who was interested in that branch of therapeutics. Through Dr. Snow's medical journal, he has contributed more literature on electro-therapeutics in its various forms than any other man who writes in the English language. During the past decade the attention of both the medical profession and the laity has been directed to drugless therapy, in consequence of which each year sees an advance in physical therapeutics, one of the most valuable agents of which is mechanical vibration.

It has an extensive field of therapeutic application of which spinal stimulation and inhibition constitute no small part. In the hands of a skilled operator it relieves patients who would otherwise fall into the hands of medical faddists and fakirs, who succeed in obtaining a clientele for two reasons—first because they employ drugless methods, which the laity are demanding, and second because they have—sometimes effected cures—which can be accomplished much more promptly and thoroughly in the hands of a scientific physician who understands physical therapeutics. Its use is indicated in only a particular class of cases, those which give massage and osteopathy their prestige.

This work is written to call attention to the fundamental principles of mechanical vibration, the understanding of which

enhances its therapeutics not only in the present knowledge of the subject, but looking to the important field which will be opened to it in the future.

Mechanical vibration used as a spinal therapeutic agent fills a wonderful field in spondylotherapy as developed by Dr. Albert Abrams. A chapter is devoted to the employment of mechanical vibration in diagnosis.

It must soon also be recognized as another valuable means for the treatment of high blood pressure and its accompanying symptoms, as well as for the relief of other cardio-vascular conditions. The treatment of these conditions has been made an important feature of this work.

Tables to assist the busy practitioner in the study—and diagnosis of nerve and muscle affections have been compiled which are as complete as modern investigation has made possible.

The volume consists of 476 pages and is fully indexed. The illustrations are numerous and appropriate. They exhibit many evidences of fine art work. We recommend the book as we regard it the best that has ever been written on the subject.

Essentials of Laboratory Diagnosis. Designed for Students and Practitioners. By Francis Ashley Faught, M.D., Director of the Laboratory of the Department of Clinical Medicine and Assistant to the Professor of Clinical Medicine, Medico-Chirurgical College, etc., etc., Philadelphia, Pa. Containing ten full-page plates (four in colors) and fifty-eight text engravings. Fifth Revised Edition. Philadelphia: F. A. Davis Company, Publishers. English Depot, Stanley Phillips, London, 1915. Price \$3.00.

This book should be in the hands of every medical student and most especially practicing physicians. It contains, as its title implies, the essentials, and only the essentials, of those procedures necessary to clinical laboratory diagnosis. The peculiar value of the book resides in the concise practical manner in which each subject is treated and each test described, and the entire absence of all superfluous data.

This book is particularly well suited not only to the medical student in the preparation of cases assigned to him for study but also to practicing physicians who have grasped the necessity of establishing a small laboratory in connection with everyday work. Those possessing such a laboratory will find it necessary

to consult this book at short intervals. The more it is employed, the more valuable its value will be demonstrated. I unhesitatingly recommend this book to medical students and trust it will find a place in the laboratory of every practicing physician.

Dr. Faught in presenting this, the fifth edition of *Essentials of Laboratory Diagnosis* to the profession desires it to be known that in the rearrangement accompanying this complete revision it was found necessary to eliminate, whenever possible, all discussions of clinical pathology, and to confine the subject matter more closely to the laboratory technique.

The same rule as heretofore applied to the selection of material has been employed so that frequent parallelism between methods has been avoided whenever possible in an effort to avoid undue enlargement of the book, thereby endeavoring to maintain its function as a concise and compact laboratory manual.

The volume is not very profusely illustrated but sufficiently so to make it thoroughly complete. It contains 450 pages and it is my belief that it is the best book of its kind that has been published within the last ten years.

A Compend of Obstetrics. Especially adapted to the use of medical students and physicians. By Henry G. Landis, A.M., M.D., Late professor of obstetrics and diseases of women in Starling Medical College. Revised and edited by William H. Wells, M.D., Assistant professor of obstetrics in the Jefferson Medical College, Philadelphia; assistant obstetrician in the Maternity Department of the Jefferson Medical College Hospital. Ninth edition—illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price \$1.00.

This is a valuable little book. We always read and read with pleasure and profit everything that Dr. Wells writes. The fact that this book is now in its ninth edition is a sufficient recommendation for it and speaks loudly for its popularity. In this edition, the editor has made a number of changes, both in the arrangement of the book and in the addition of considerable new material. Additions have been made in the more detailed anatomy of the female genital organs and the diagnosis of pregnancy. The operation of vaginal Caesarean section has been described as well as several of the minor operative procedures in pregnant and parturient women.

The publishers and author have not lost sight of the fact that to make a book up to date at the present time it has to be fully illustrated. This book has many beautiful illustrations which add greatly to its value.

Emergency Surgery. By John W. Sluss, A.M., M.D., Associate professor of surgery, Indiana University School of Medicine; ex-superintendent Indianapolis City Hospital; surgeon to the City Hospital. Third edition, revised and enlarged. With 685 illustrations, some of which are printed in colors. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price \$4.00.

This is one of the most valuable books that has come to this office for review in a long time. The author, Dr. Sluss, is a beautiful writer, intelligent in his conclusions and logical in his assertions. The architecture of the book is very appropriate and attractive. It is well arranged and it gives us pleasure to recommend the volume. We know of no subject of more importance than Emergency Surgery.

Dr. Sluss has recognized the importance of completely illustrating his writings. In this book, which is not a large one, he has 685 beautiful illustrations. The artist has displayed wonderful skill in the production of these illustrations.

The volume consists of 832 pages. The index is complete. The binding is flexible leather. This is considered by many physicians and publishers as a very important feature about a book and one that costs extra. The reviewer, however, has never been able to appreciate this. Usually a book buyer would rather have the regular binding and he does not care especially about gilt edges. Considering the book from every standpoint it is the best one of its kind on the market. It is in every sense what its title indicates, Emergency Surgery. Every page is proof that Dr. Sluss is thoroughly familiar with the subject which he treats.

Recent Studies of Tuberculosis. A reprint of articles published in the Interstate Medical Journal, by Interstate Medical Journal Company, St. Louis, Mo. 1914.

This book is a collection of reprints of articles published recently in the Interstate Medical Journal. It was a happy and valuable thought that brought about the recent plan of publishing in book form reprints of this character. Several

prominent writers lately have adopted this plan. This collection of papers on tuberculosis in this form is very valuable to anyone interested in the study of this subject. The reviewer can see no reason why it should not be well received.

The book contains about three hundred pages. It is in paper binding. There is no index but the contents of the volume is given in the front part.

The forty-two reprints here collected and compiled are not only attractive but valuable. We recommend the book to anyone that is interested in this line of study.

Sundown Slim. By Henry Herbert Knibbs. With illustrations by Anton Fischer. Boston and New York: Houghton Mifflin Company. The Riverside Press, Cambridge. 1915. Price \$1.35.

Sundown Slim is a story of the Great Southwest, where blood runs hot and life is still untamed and picturesque.

Like *Overland Red*, *Sundown Slim* is a hobo, but an altogether different type. He is the butt of the Concho cattle ranch, and his one pal is Chance, a dog you won't forget.

There is a feud between cow-punchers and sheep-herders, a feud that brings gun play and thrilling adventure. There is Eleanor Loring, too, a girl with the nerve of a dozen men, and Anita, under the spell of whose great dark eyes, *Sundown* at last shows the stuff that's in him.

If you like adventure, humor and romance, this book will interest you.

Sanitation in Panama. By William Crawford Gorgas, Chief Sanitary Officer, Panama Canal, Surgeon General, U.S.A., Major General, U.S.A. Illustrated. New York and London: D. Appleton and Company. 1915.

It is doubtful whether the Panama Canal ever could have been built but for the work of General Gorgas, the chief sanitary officer of the Canal Zone, and his associates, in the diminution of yellow fever and the control of other tropical diseases peculiar to that latitude. Panama, once one of the most unhealthy localities on earth, has been transformed by their efforts into a veritable health resort. The story of how these amazing results were secured, as told here by General Gorgas himself, is one of the most unusual and fascinating in all the annals of scientific achievement. Written in non-technical language, it is a book primarily for the general reader and, of

course, it is of unusual importance to physicians and guardians of public health.

Dr. Gorgas is one of the most scholarly gentlemen in the medical profession of America. His style of writing is very instructive and entertaining. This book has been written in rather a non-technical style and can be appreciated by any intelligent layman. Really, it should be in every home.

The illustrations are very appropriate and without them the value of the book would be lessened. It contains three hundred pages and is thoroughly indexed. The publishers have done their work well. The reviewer takes pleasure in recommending the volume.

Bodily Changes in Pain, Hunger, Fear, And Rage. An account of recent researches into the function of emotional excitement. By Walter B. Cannon, Professor of Physiology in Harvard University. D. Appleton and Company, New York and London, 1915. Price \$2.00.

Dr. Cannon has incorporated in this volume a number of pages giving the results of his researches conducted during the last four years in the physiological laboratory of Harvard Medical School. The book supplements the work on "Mechanical Factors in Digestion" published in 1911. By arranging his material in an orderly and consecutive manner and by eliminating or explaining technical terms, the Doctor has produced an authoritative work in a scientific subject, which can be read profitably and easily by any intelligent layman. He has added a great deal to the value of the book by the free use of graphic records. The writer has many times called attention to the profound influence of emotion on digestion. While this is common knowledge in a way, Dr. Cannon has brought out many facts that will be very valuable to the medical profession. His comments on adrenal secretion, or adrenin, are most interesting and in the reviewer's opinion very valuable.

Dr. Cannon and his helpers by a series of ingenious experiments have shown that pain and the fundamental elements of rage and fear cause definite increase in the amount of adrenin in the blood. While these points have been alluded to in the past they have never been intelligently dealt with as they are in this book.

We consider this volume the most valuable of any that has ever dealt with the subject and we thoroughly recommend it. The illustrations are not very

numerous but sufficiently complete. The book contains 311 pages and is appropriately indexed.

K. By Mary Roberts Rinehart. Houghton Mifflin Company, Boston and New York. Price \$1.35. 1915.

Miss Rinehart has won a splendid reputation with her stories from the European battlefields and no one will be disappointed who reads this book. "K" is one of the most compelling love stories of a decade in American letters, and the settings for this world-old theme are cleverly executed.

The story is a simple one but well told. A prominent young physician loses confidence in himself and decides that it is not for him to win a great reputation in that line and under a different name goes to work for a gas company as a mere clerk. Although he has attempted to lose himself, the troubles of the entire street become his. He helps all with whom he comes into contact, the invalid mother of Sidney, a most winsome young lady for whom he soon has what seems to be an utterly hopeless affection, a young doctor who is making good through use of the methods taught him by "K" when the latter was Dr. Edwardes, the world-famous surgeon. Sidney, attracted by the ability of the young doctor, believes herself altogether in love with him and goes into training for a nurse and is engaged to the pride of the hospital staff who it seems can not keep out of flirtations and who is at the time engaged in a desperate affair with another nurse. "K" has his hands and tongue tied and he helps to build his pupil's reputation still higher by night consultations. Another suitor of Sidney's shoots the favored one at a notorious road house and "K" is called upon to perform an exceptionally difficult operation to save the life of his beloved's fiancé and then is found out for the great man he is. Sidney finds that an ideal, which is reached by "K" is what she fancied she had found in her betrothed and returns the diamond, but is forced to propose to "K" before he can be made to believe and accept his good fortune.

Painless Childbirth. A general survey of all painless methods with special stress on "Twilight Sleep" and its extension to America. By Marguerite Tracy and Mary Boyd. With nineteen illustrations from photographs. New York: Frederick A. Stokes Company. MCMXV.

This book is beautifully written, the

style is attractive. I have looked over the volume with a great deal of interest. It is worth studying and is the only authentic first-hand account of painless childbirth according to the Freiburg Method. It is the result of a year's study at the source and of further investigation in America by the writers who first introduced the subject generally in America. The book is comprehensive. It tells just what Twilight Sleep is and explains how it is induced. It points out the manifold benefits to mother and child aside from the removal of pain. It makes clear why the introduction of this method has been slow, and it turns against the opponents the main objections brought forward—that the utmost care is necessary in administering the drug, and that the closest observation is required during the period of labor—maintaining that such care and observation are urgently needed in obstetrical practice.

Aside from their complete explanation of Twilight Sleep as perfected by Dr. Krong and Dr. Gauss at Freiburg, Germany, the authors emphasize the great value of the elimination of fear in connection with childbirth and the importance of the removal of the dangers due to pain. The positive benefit of painlessness to the nerves of child-bearing women alone is beyond calculation. Adverse criticism of Twilight Sleep on the score of danger from overdosing, it is shown, does not apply to the Freiburg method with its memory tests and extreme caution, but to experiments made under different conditions and lacking some of the essentials of success. Finally the notable progress of the movement in America is fully treated.

This is a book that every woman should read, for it puts squarely before her the question: Shall obstetrics remain the most backward of the medical sciences and childbirth an ordeal shadowing the best part of a woman's life, for lack of the aid that science can render?

Miscellaneous.

The Smegma Bacillus—A Source of Error.*

An editorial in the Journal of the A. M. A. (January 23, 1915) calls attention to the great danger of the smegma bacillus contaminating samples of urine, and be-

*From an editorial appearing in the Index-Abstract of Surgical Technique, Vol. XIII, No. 1. Published by Van Horn & Sawtell, N. Y. Is your name on the mailing list?

ing mistaken for the tubercle bacillus, which it closely resembles morphologically as well as tinctorially.

The widespread occurrence of the smegma bacillus has long been recognized as a possible cause of confusion by bacteriologists and well-trained laboratory workers, but as the writer well says, the fact is not yet sufficiently appreciated by the physician at the bedside and in the clinic who furnishes the specimens for bacteriologic investigation. Indeed, one would not err seriously in asserting that far too little attention is as yet paid by practitioners to the proper collection and suitable preservation of the specimens intended for subsequent laboratory examination. Urine, sputum, blood, "smears" and comparable materials are in far too many instances transmitted to the clinical chemist and bacteriologist in a condition that is not complimentary to the intelligence or the technique of the physician responsible for their collection.

Fortunately, so far as the examination of the urine is concerned, the possibility of contamination of this secretion is not deep-seated. Smegma bacilli have never been found in the bladder or the deeper portions of the urethra. According to the bacteriologists of the State Laboratory of Hygiene at the University of Wisconsin, however, by thorough cleaning of the genitalia, especially the meatus, and by catheterization, urine to be examined for tubercle bacilli can be collected with a fair degree of certainty of freedom from smegma bacilli. With such precautions, the finding of acid-fast organisms after decolorization with acid alcohol enables one to make a strong presumptive diagnosis of genito-urinary tuberculosis.

One more essential precaution has been overlooked in the foregoing recommendations and that is the great importance of using especial care in the selection and use of the lubricant. Such is the ubiquity of the smegma bacillus that the ordinary pot of petrolatum or bottle of glycerine too often kept for routine lubrication, will usually be found a hot bed for these organisms. In addition, therefore, to thorough cleanliness of the catheter, the genitalia and the operator's hands, the lubricant employed in obtaining urine for diagnostic purposes should be not only of unimpeachable sterility, but kept in containers that reduce to a minimum the dangers of contamination in handling and the process of application.

"K-Y" Lubricating Jelly certainly complies with every requirement of surgical

cleanliness, for being made of vegetable mucilages, it must be "heated in the making" to make it into jelly form. It is thus sterilized to begin with, but in addition, "K-Y" is incorporated with 4 per cent. of boric acid to act as its antiseptic and preservative. In addition, "K-Y" is supplied only in collapsible tubes, so that you can't dip your infected catheter or finger into it! How different in this respect, is "this cleanest of lubricants" from the old time pot of grease or bottle of oil!

Besides being surgically clean, "K-Y" is slippery beyond description, so that there is a minimum of discomfort to the patient even when a large sound or speculum must be inserted.

If you don't know "K-Y" Lubricating Jelly, these two advantages alone—surgical cleanliness and slipperiness—should appeal to you. But in addition to these, you will find "K-Y" non-greasy, water-soluble, bland and non-corrosive. To remove it, simply shake your instrument or hand, in water.

Your druggist has "K-Y" or can get it from his wholesaler. Collapsible tubes only, 25 cents.

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However, if you prefer a non-absorbable suture for this class of work, there is the "Van Horn Obstetrical Silk Suture" and the "Van Horn Obstetrical Silkwormgut Suture." These sutures are also supplied with suitable needles, sterile, in hermetically sealed glass tubes. At your dealer, 25 cents each, or sent upon receipt of price. Van Horn and Sawtell, 15 East 40th Street, New York, N. Y.

ad-11-15

Autumnal Ailments.

The Autumn months constitute the season during which the average practising physician is called upon to treat the following conditions: 1. Typhoid Fever, which is, more often than not, contracted at some unhygienic Summer resort. The patient may return home during the first week or so, with headache, malaise, etc., or the premonitory or primary symptoms may appear

after reaching home. 2. Malarial Infection, in certain sections, which is more than usually rife in the Spring and Fall seasons. 3. The after results of the gastro-intestinal disorders of infants and young children, due to improper feeding, etc., during the heated term. In almost every instance, when the acute symptoms have subsided, a condition of anemia and general devitalization is the final result that constitutes the essential indication for treatment. In convalescence from all forms of illness resulting in general debility, Pepto-Mangan (Gude) is the one ideal tonic and reconstructive. It not only revitalizes the blood, but also tones up every physiologic function. It stimulates the appetite, improves the absorptive capacity, increases energy and ambition and restores the blood to its normal condition. It is, thus, a general tonic and reconstituent of marked and certain value.

Bacterial-Vaccine Therapy.

The treatment of infectious diseases with preparations derived from corresponding micro-organisms long since passed the experimental stage, and bacterial vaccines may be said to occupy an assured place in therapeutics. These vaccines, as is doubtless well known to most physicians, are suspensions, in physiologic salt solution, of killed bacteria. An important effect of their administration is to raise the destructive power of the patient's leucocytes against the specific living invaders. Injected into the human organism, bacterial vaccines have an effect similar to that produced on the horse by the introduction of toxins or killed cultures: they cause active immunity. In other words, the administration of a dose of bacterial vaccine stimulates the patient to produce an additional supply of antibodies, thus enabling him to resist the disease.

Bacterial vaccines have several advantages over the ordinary forms of medication. They are determinate or specific in the respective infections in which they are indicated. Their employment relieves the patient of the necessity of frequent "dosing." Being administered by the physician, or under his direct supervision, they enable him wholly to control his cases.

Some idea of the scope which bacterial-vaccine therapy has come to assume may be gathered from an announcement which Parke, Davis and Co. are making in current medical journals and which physicians will do well to consult. Twenty-three vaccines are listed in the

advertisement. They are supplied in 1-Cc. glass syringes, 1-Cc. glass bulbs, 5-Cc. vials and 20-Cc. bottles, all sealed in a manner that guarantees the sterility of their contents. The syringes are designed for the use of physicians who desire to inject the fluid without first removing it from the original container.

Parke, Davis & Co.'s bacterial vaccines are scientifically prepared, and precise therapeutic results may be confidently expected from their administration.

Business Prospects After the War.

What of business after the war, or even when it becomes evident that definite peace proposals are in sight? Will the prosperity now so marked in industries catering to war supplies collapse, or will there be a continued demand for these materials to replace exhausted stocks abroad and to create a surplus for home defense? What are to be the economic reactions of the war, as on labor, immigration, and the trend of political thought? Will our present profits be absorbed in the greater costs to come,—when Europe faces her war debts, perhaps in effect repudiates them, and certainly enters an era of enforced economy to repair the wastage of the battlefield?

In the early days of the war, before it was possible to obtain a perspective on any phase of it, the feeling in this country was that the conflict would be of brief duration, but that the expense of it would be so great as to compel enormous exports from Great Britain and Germany particularly to pay the price of it, and that the goods shipped would come into competition with American products at very low prices.

To-day the outlook is different. The human loss has been so great, especially in Germany and in France, that it will take months, if not years, to bring about an industrial reorganization that would be able to cope with our manufacturers. This takes into account the factor of tremendous efficiency on the part of the workman who will be available at the end of the war, and the inventions which have been one of the few compensations of the war. The destruction of property has been on a scale so enormous that the replacement requirements will lift exports of iron and steel and of railroad equipment above the present level, and sustain them there for several years to come.

Much as it is to be regretted, the profitable experience of munition-makers in the past year will keep alive the jingo element in the United States, and Wash-

ington will undoubtedly be conscious in the future of the presence of strong "lobbies" made up of representatives of these interests. The stock of one concern, which has advanced from about \$20 to nearly \$600 a share, has been affected almost entirely by the prospect of American war contracts. Not a few of the plants erected for the manufacture of heavy armament, rifles, and ammunition are built to stand years after the present war is over. Mechanics are being trained for a life work and not for an emergency situation. From "American Business Transformed By The War," by Charles F. Spears, in the American Review of Reviews for October.

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A SUPPORT, that will hold the limb in any position and maintain it that way, and at the same time enable you to see and know that the fracture is in position. It is the only ideal way of treating a fracture of the leg or thigh, and is equally helpful in sciatica, hip-joint disease, spinal injuries, or any trouble requiring traction.

For leg or thigh, adhesive strips are placed on either side of the leg, and each strip left to extend eight inches below the foot. The ends are then folded and fastened through rings with a safety-pin. In some cases it may be advisable to use a long posterior splint, in which case pad lightly with gauze and use a two-inch adhesive around both splint and leg. By adjustment made on pulleys by a thumb screw, the foot can be held at any angle or elevation. The direct, even traction on either side of the leg holds the foot without lateral support. You don't have to use a block of wood to hold the adhesive away from the malleolus. You will find you can get all the traction necessary with much less weight than by any other method, as the pull is constant, direct, and without friction. Your patients will appreciate this method of treating fractures. It gives them far more freedom of movement, and the bed pan can be used with very little inconvenience.

You have no uncertainty as to what you are going to do when called to treat a fracture. You don't require the assistance of bystanders in getting boards, nails, hammer, and brace and bit. You are master of the situation—a professional man, not a carpenter.

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How Citizens Should Be Trained.

After a reasonable interval of time, no young man should be admitted to the privilege of voting until his fitness had been passed upon by a competent committee. He should have some mental and ethical training in the duties and obligations of citizenship, and should accept not merely the established principle of liability to military duty, but also the obligation to be prepared to serve efficiently. The kind of training we have in mind would be valuable from every standpoint. It would not merely fit a boy to be a soldier or a junior officer in a company or a regiment of citizens called to arms, but it would fit him to exercise the power and discretion of a policeman or to show the courage and skill of a fireman. It would make him understand the duties of a sanitary inspector. It would not only teach him how trenches are made in time of war, but it would teach him how good roads are constructed and maintained in time of peace. It would allow him to specialize, and to learn many necessary modern things regarding inventions and the practical use of machinery. There are a great many boys who cannot learn mathematics, physics, and chemistry by way of theory or the use of textbooks. But beginning with the practical machine as a concrete thing in its construction and its use, they can be led to a very earnest study of mathematics, physics, and other branches of science.—From "The Progress of the World," in the American Review of Reviews for September.

The Value of Glyco-Thymoline in Treating Intestinal Disturbances.

The condition of the alimentary canal in all diseases of that tract is one of either congestion or depletion of the villi.

Auto-intoxication follows a condition of depletion and while this condition is not the direct cause of the "self-poisoning" the restoration to normal conditions would undoubtedly prevent septic absorption.

The condition in diarrhoeal diseases is one of stasis with a great amount of exudation of serum, the villi being greatly distended.

In either case a return to normal conditions is most readily effected by an agent producing an exosmotic action—in the one case to deplete and in the other to promote the exudation necessary to wash out the intestines and prevent auto-infection.

That Glyco-Thymoline will do this

effectively has been demonstrated time and time again—and many clinical reports from many physicians testify to its great power as a curative agent in all such cases.

The following is a report of a case treated with "Venarsen."

Mr. A., whose case I wish to report, came to me suffering from vague, indescribable sensations, with a feeling of impending disaster and an utter inability to grapple with the every day problems of life. From boyhood he has been a sexual neurasthenic and admits excessive indulgence in both natural and unnatural practices. He grew up nervous and irritable and at times contemplated self destruction from sheer melancholy that obsessed him. He complained greatly of pain in his head, worse at night and of a feeling of tension which he described as seeming to be in his brain. Barring two miscarriages by his mother and the fact that his sister "went to pieces early in life from nervous troubles," his history is negative. His reflexes were normal, except that there was a slightly diminished knee-jerk. A Wasserman done by a competent laboratory man, was strongly positive.

This patient was given "VENARSEN" at five day intervals for one month, during which time his general condition was greatly improved becoming less nervous, eating and sleeping as he had not done for several years. The head pains were relieved entirely at the end of two weeks, and sensation of tension or pressure in his brain is less noticeable.

This patient was given Mercury Salicylate intra-muscularly once a week, in grain doses during the time that "VENARSEN" was being administered. I remain

Very respectfully,

(signed) —M. T. DAVIS, M. D.

931 Candler Building, Atlanta, Ga.

ad-6-16

War Prices.

The enormous advance in the price of drugs, owing to the European war, is well exemplified in the bromide salts. Bromide of Potassium, for instance, which sold before the war at 35c a pound, is now quoted at \$1.25 per pound, and the other salts have advanced in proportion. The very high price and scarcity of these salts is a great temptation for substitution. The safe way for the physician is to prescribe Peacock's Bromides, which, in spite of the great advance in the

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All too frequently when the natural defences of the body call for support and reinforcement, the reserve forces are found to be weak and inadequate. The aid of a good tonic becomes urgent, therefore, if the body is to win in the conflict with disease.

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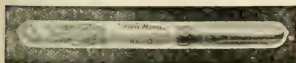
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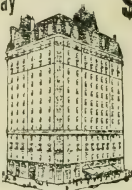
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ad-10-15

Infection of Middle Ear, with Vincent's Organisms.—Adams, in The British Journal of Children's Diseases, reports four cases of middle-ear infection by the spirochetes and fusiform bacilli of Vincent. In all 4 cases there was a fetid, blood-stained discharge from the ears; there was erosion of the meatus and adjoining parts of conchae; the external canals were plugged with angry-looking, bleeding granulations; the parts were very tender. The negative features common to these cases were: absence of much disturbance to the general health, absence of pyrexia, absence of any history of throat infection,

absence of the special organisms in swabs from the throat, absence of special infectivity. The positive features in common were: The constant presence of Vincent's organisms, the frequency of the pneumococcus as compared with other bacteria, chronicity, foul and profuse discharge, masses of profuse and readily bleeding granulations, erosion of the external ear, slight tendency to the formation of membrane, and slight glandular enlargement. Many remedies were tried, including salvarsan locally, with little effect. The best results were got from painting the eroded surfaces with 5 per cent. silver nitrate in sp. aeth. nitr., cleansing, installation of tr. iodi., and finally with the application of ethyl-violet and brilliant-green, each in 0.1 per cent. watery solution.

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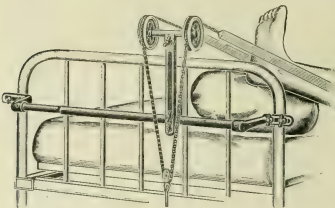
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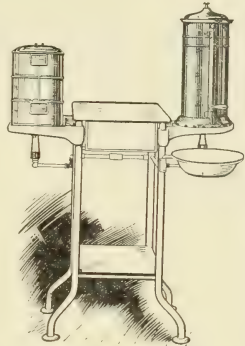
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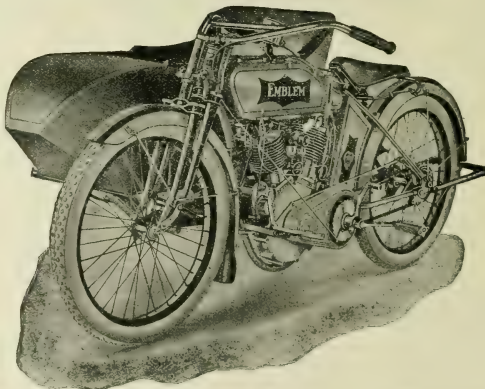
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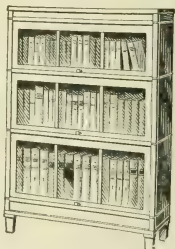
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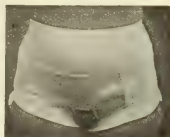
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 7th " Dr. A. J. Crowell, Charlotte.
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 10th " Dr. M. L. Stevens, Asheville
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 Leader of debate—Dr L. B. Evans, Clarkton, N. C.
 Orator—Dr. J. M. Northington, Boardman, N. C.
 Essayist—Dr. Mary E. Lapham, Highlands, N. C.

The next annual meeting of the North Carolina Medical Society will be held in Greensboro, N. C., on the third Tuesday of next June.

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The next annual meeting of the Tri-State Medical Association of the Carolina and Virginia will be held in Richmond, Va., on the third Wednesday of next February.

WANTED Old Medical Books, Old Botanies and Medical Botanies, Old Medical Journals. dates prior to 1850.

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Nurses will be sent out from the hospital to do private work when directed by the Superintendent of Nurses. This service will not exceed thirty-six weeks during the three years' course.



A Patient's Room.

During the senior year, nurses will probably be given terms of service as head nurses on different halls. Their capability to do this will be determined by the Superintendent.

In sickness, all pupils will be cared for gratuitously. The time lost through this or any other cause must, however, be made up.



A Patient's Room.

At the completion of the required course, if the nurse shows adaptability, she can take a special course in the operating-room, by giving an additional six months in this department; or she can take a special course in the Hydrotherapy Department, by giving an additional three months in that department. Nurses who take either of these special courses will receive diplomas if their work and knowledge in these departments merit it.

Each nurse is expected to respond faithfully in emergencies, and to be

willing to perform any duty assigned to her.

A nurse's laundry during the course must not exceed twenty-four pieces per week. This includes two uniforms, seven aprons, four kerchiefs, one white plain shirtwaist, and one white skirt.

Suggestions to Patients:

Patients are advised to have some understanding with their physician, surgeon, or anesthetist as to what his charges will be.



A Patient' Room.

the various cases. Plenty of interesting literature is available, if it is desired to pass away any waiting hours. Recently there has been placed in this room five hundred volumes of the latest medical books, all of them published within the last five years. Practically all of the medical books published in the English language during this brief period are to be found in this library. Doctors having patients in the Sanatorium, or just visiting, will be expected to make themselves at home. Visiting doctors from out of town, especially, will find the building most centrally located, and it is hoped that they will make it their headquarters as long as they are in our city. Any member of the profession will be welcome to visit the Sanatorium at any time.

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There are several large rooms, with three or more beds, at \$2.00 per day, which will include board, room, and general nursing, and such medicines as are kept in the Sanatorium. Prescriptions and special medicines will be extra. These rooms are very large and comfortable, being well lighted, with plenty of space on all sides. Those patients who enjoy company will find these beds all that could be desired.

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Doctors' Private Room.

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or

Dr. W. O. Nisbet Chair-
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For further information concerning the training school, address Superintendent of Nurses Charlotte Sanatorium Charlotte, N. C.

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A large room on the third floor is fitted up for the special use of visiting doctors. Here they will find a very comfortable place to rest and discuss

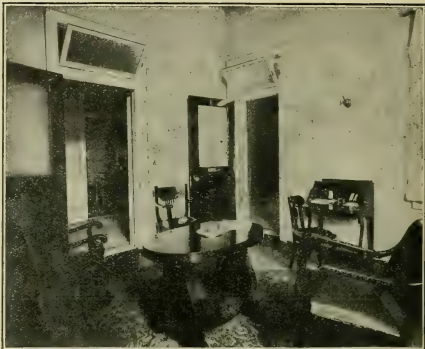
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Prescriptions, special medicines, special nursing, laboratory examinations, hydrotherapy, and doctors' bills will be extra.

Special Nurses: Patients desiring a special nurse can get one at any time. Nothing is more helpful and comforting to a sick person than a special nurse, and if a patient



A Reception-Room.



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a nurse, and one will be sent promptly on first train.

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wants one it will be very easy to have one here. The minimum charge for a Sanatorium special nurse is \$2.00 per day. Graduate nurses not in the employ of the hospital can be secured at \$25.00 per week, or \$3.50 per day. Of course, it will be only exceptional cases that will need two.

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SOUTHERN MEDICAL SOCIETIES



MISSISSIPPI VALLEY MED. ASSOCIATION.

Annual Meeting at Lexington, Ky.
October, 1915.

Henry Enos Tuley, M. D., Sec.
705 South Third St., Louisville, Ky.
Hugh Cabot, M. D., Pres.
Boston, Mass.

SOUTHERN SURGICAL and GYNECOLOGICAL ASSOCIATION.

Annual Meeting at Cincinnati, Ohio,
December 14-16, 1915.

W. D. Haggard, M. D., Sec.,
148-8th Ave., N., Nashville, Tenn.
Bacon Saunders, M. D., Pres.
Ft. Worth, Texas.

SOUTHERN MEDICAL ASSOCIATION.

Annual Meeting at Dallas, Texa.
November 8-11, 1915

Seale Harris, M. D., Sec.,
Birmingham, Ala.

Oscar Dowling, M. D., Pres.,
Shreveport, La.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Richmond, Va.
February 16-17, 1916.

Rolfe E. Hughes, M. D., Sec.
Laurens, S. C.

James H. McIntosh, M. D., Pres.
Columbia, S. C.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Mobile, Ala.,
April, 1916.

H. G. Perry, M. D., Sec.,
Montgomery, Ala.

J. N. Baker, M. D., Pres.,
Montgomery, Ala.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Annual Meeting at Oklahoma City, Okla.,
October 5-6, 1915.

Fred. H. Clark, M. D., Sec.,
El Reno, Okla.

J. P. Griffith, M. D., Pres.,
Kansas City, Mo.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Arcadia, Fla.,
May 12, 1916.

Graham E. Henson, M. D., Sec.,
Jacksonville, Fla.

R. H. McGinnis, M. D., Pres.,
Jacksonville, Fla.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Macon, Ga.
April, 21-23, 1915.

Wm. C. Lyle, M. D., Sec.
Augusta, Ga.

W. B. Hardman, M. D., Pres.,
Commerce, Ga.

KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Louisville, Ky.,
October, 1915.

Arthur T. McCormack, M. D., Sec.,
Bowling Green, Ky.

John J. Moren, M. D., Pres.,
Louisville, Ky.

LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at New Orleans, La.,
April 18-20, 1916.

L. R. DeBuys, M. D., Sec.,

Maison Blanche Bldg., New Orleans, La.

J. C. Willis, M. D., Pres.,
Shreveport, La.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Annual Meeting at Greenville, Miss.,
May 9, 1916.

E. F. Howard, M. D., Sec.,

1st Nat'l Bank Bldg., Vicksburg, Miss.

I. W. Cooper, M. D., Pres.,
Newton, Miss.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Meeting in Durham, N. C.,
June, 1916.

M. H. Fletcher, M. D., Pres.,
Asheville, N. C.

Benj. K. Hayes, M. D., Sec.,
Oxford, N. C.

NEW MEXICO MEDICAL SOCIETY.

Annual Meeting at E. Las Vegas, N. M.
1915

R. E. McBride, M. D., Sec.
Las Cruces, N. M.

W. T. Joyner, M. D., Pres.,
Roswell, N. M.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Charleston, S. C.,
April 19, 1916.

Edgar A. Hines, M. D., Sec.,
Seneca, S. C.

G. A. Neuffer, M. D., Pres.,
Abbeville, S. C.

TENNESSEE STATE MEDICAL ASSOCIATION.

Annual Meeting at Knoxville, Tenn.,
April, 1916.

Olin West, M. D., Sec.,

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E. C. Ellett, M. D., Pres.,
Memphis, Tenn.

MEDICAL SOCIETY OF VIRGINIA

Annual Meeting at Richmond, Va.
October 26-29 1915.

Paulus A. Irving, M. D., Sec.
Farmville, Va.

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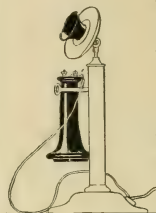
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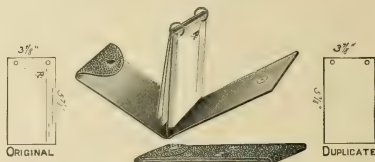
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DR. JAMES M. PARROTT, KINSTON, N. C.



The Charlotte Medical Journal

VOL. LXXII

CHARLOTTE, N. C., NOVEMBER, 1915.

No. 5.

DR. JAMES M. PARROTT.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

In looking into the lives of the prominent physicians of North Carolina we find in Dr. James M. Parrott a new sidelight on the truism that "there is always room at the top." He is one of the most talented and most active members of his profession.

His father was the late James M. Parrott, Sr., a son of the distinguished Jacob Parrott. Mr. Parrott was a learned and accomplished capitalist and planter. The mother of the subject of this sketch was Elizabeth Worters, a member of an unusually strong family and a woman of great strength of mind and character, cultured and highly educated.

Dr. Parrott was born in Lenoir County, North Carolina, January 7th 1874, and his boyhood days were spent on his father's farm. The wide freedom of his country life tended toward independence, self-reliance and wholeness of mind big assets in character building.

He attended the public school of his County at an early age; thence he went to the Kinston graded school and in 1886 began his career at Kinston College; later he entered Wake Forest College, where he remained three years. During his life of study and while yet very young he united with the Missionary Baptist Church, and has sought to fulfil well his religious obligations.

He studied medicine under a preceptor for two years and in 1892 he began the study of medicine proper—his chosen profession—at the University of Maryland and finished his medical training in 1895 at Tulane University. During his last year at Tulane he was connected with Charity Hospital, New Orleans, as ambulance surgeon and as interne. He made good progress as a student by the unpicturesque qualities of sobriety and hard work—a steady-going, never-stopping machine.

The same year of his graduation he marched into the jaws of the State Board and came out unscathed—licensed to practice his profession within the bounds of his State.

Now begins life practical, but we shall see that Dr. James M. Parrott fell to rise; slept to wake; was baffled to fight better.

When his success was yet new he married Miss Lottie Tull, whose father was also a doctor. Two children have blessed this union and it only follows that no higher

ambition is cherished for James M. Parrott, Jr., than that he might some day be termed "a prominent physician of North Carolina," and thus go on crediting the family.

He began practicing his profession at Kinston, N. C., his present home. In order to keep abreast with the times he has done post graduate work at the University of Pennsylvania, Post Graduate Medical School of New York, and has spent one year in Europe—greatly enlarging his scope of knowledge and usefulness. In 1898 he served as Acting Assistant Surgeon in the United States Army, in Cuba. He is now connected with the Memorial Hospital of Kinston, N. C., and is specializing on surgery, eye, ear, nose and throat, and on all these subjects he has shown his vast array of medical talent.

His colleagues count him one of the best in "the hub." He has filled high places in the Lenoir Medical Society, North Carolina State Medical Society, American Medical Association, Tri-State Medical Society and was a member of the North Carolina State Board of Medical Examiners. He was President of North Carolina Medical Society in 1914. He is surgeon for the Norfolk Southern Railroad Company, and also for the Atlantic Coast Line Railroad Company, and has been President of the Atlantic Coast Line Railway Association of Surgeons.

Amid the pressure of his duties his pen has not been idle, but many articles—especially on surgical subjects—have come therefrom, and the medical journals have welcomed them—every one.

Dr. Parrott is not without broad interests. He holds membership in several fraternities—Masons, Odd Fellows, Pythians, etc. He is a member of the Board of Directors, Chamber of Commerce of Kinston and Chairman of its Commission on Good Roads. He is a member of Board of Trustees of Wake Forest College, and for several years he has served as chairman of the Board of Education of Lenoir County. His literary interests are intense, and his pen has not been restricted to medical subjects. He has risen to numerous public addresses on literary, social, economic and scientific subjects.

We see in Dr. James M. Parrott a man of big intellect and a surgeon and specialist of marked skill—able to convert sources of weakness into strength, the issue in each case a monument to the ability of its creator.

SOME FACTS CONCERNING HEREDITITY.*

By S. S. Coe, M.D., High Point, N. C.

It is traditional that one can not gather grapes from thorns nor figs from thistles. The tradition embodies, by implication, the essence of the great central laws of heredity. This law is stated more explicitly in the phrase, "Like produces like." The sum and substance of the matter is that each and every living organism, be it vegetable or animal, tends to reproduce its own kind, and if we would get at the fundamental laws of heredity we have but to follow up the clew that this fact gives.

We may see the principle illustrated to best advantage, perhaps, if we consider the lowly single-celled organisms, of which bacteria furnish a familiar type. These creatures, observed under the microscope, are seen to multiply by division, a single bacterium splitting to form two bacteria, each of which presently grows to the size of the parent bacteria and then repeats the process of division.

Such a process of multiplication obviously passes on the substance of an organism to its descendants in so definite and tangible a way that there is nothing mysterious in the observed fact that children are closely comparable to their parents. It is inconceivable that they should be otherwise under the circumstances, the basal fact of heredity then, observed thus as it were at its source, seems not in the least mysterious but a mere matter of fact. When we reflect that complex higher organisms are made up of groups of cells aggregated and differentiated to perform specialized functions, and that all growth takes place through cell division, it will be clear that the distinction between the single-celled organism and the complex higher organism is not as radical as might at first appear. Each individual even of the highest forms of life, including man himself, begins existence as a single cell and grows and develops through countless redivisions of that cell.

There is, however, a highly important modification to be noted in the fact that the cells of the higher organism become differentiated into divergent groups, capable of performing different functions. And, from our present standpoint, the thing to be particularly noted is that the tissues serving the purpose of reproduction of the species are segregated, and

that this segregation takes place in the case of higher animals at a very early stage of the embryonic development of the individual.

The full significance, from a standpoint of heredity, of this segregation of the germ-plasm has been appreciated only within comparatively recent years. It was not until Prof. August Weismann made special studies of this subject, about 30 years ago that the subject prominently attracted the attention of the biologist. He was struck by the fact that single-celled organisms, owing to the character of their reproduction by division, or as he phrased it, "Potentially are immortal." They do not normally die, but rejuvenate themselves by division; a given individual becoming two, and these two presently becoming four, and so on in an unending geometrical progression, in which the descendants of any generation whatever might be regarded as representing the divided substance and personality of the original ancestor.

He made application of this thought to the cells constituting the germ-plasm of the higher organisms. These, he said, pass on their substances and hence their potentialities from generation to generation as does the protozoan. And this fact of the continuity and virtual immortality of the germ-plasm furnishes the explanation of the observed facts, that of the hereditary transmission of qualities from one generation to another.

Parent and child are thus sprung from the same germinal stream. And really they should not be regarded as mother and daughter, but rather as sisters of the same fraternity. The child has the qualities and characteristics of its parent not through any occult law of transmission, but because they both draw their qualities from the same germinal stream. The perennial stream of the ancestral germ-plasma.

It is important to get this idea of the continuity of the germ-plasma clearly in mind, for it furnishes the clew to a clearer understanding of the mysteries of heredity than would otherwise be possible.

It must at the same time be clearly born in mind, however, that the stream of ancestral germ-plasm which thus serves as the carrier of hereditary capacities from generation to generation, is not entirely beyond the reach of external influences, and does not remain absolutely unmodified throughout indefinite periods of time.

*Read before the North Carolina Medical Association in Greensboro, N. C., June 16, 1915.

It must be understood, however, that the modification that can be introduced

in the germ-plasm in any given organism, through whatever environmental changes, are relatively slight as contrasted with the totality of qualities of that germ-plasm.

It is inconceivable, for example, that the germ-plasm of the oak should be so modified that its offspring would bear apples, or that the sprouts from the apple tree should bear grapes, but we all know that an apple tree grown from the seed* of the mother apple will not bear exactly the same fruit of its mother, however the apple may be only slightly changed.

If really radical transformations could be wrought in germ-plasm of any organism in a brief period of time the whole organic world would be "topsy-turvy," and there would be no laws of heredity to discuss.

Let us then supplement our idea of the continuity of the germ-plasm with the thought that this germ-plasm may be modified from time to time, but that the amount of modification permissible within any limited period is infinitesimal in comparison with the sum total of the qualities of the germ-plasm itself, which qualities, it may be added, represents the aggregate influence of past environments throughout vast periods of time.

Luther Burbank has a capital phrase to the effect that "heredity is the sum total of all past environments." The import of the phrase becomes perhaps clearer if we think of it in connection with this picture of the ancestral germ-plasm. The tangible and definite series of cells directly linking every individual of any generation with the entire series of its direct ancestors.

Having concluded that heredity is a product of the germ-plasma and not of body cells, we will go into a more gross and thorough study of the different hereditary traits, characteristics, and diseases transmitted from parent to child.

The importance of heredity in the causation of insanity has long been recognized. The statistics of all institutions for the insane take full account of it. The subject is one that is difficult to investigate as there is a wide spread feeling among the layman that there is an element of disgrace attached to insanity. Hence the family and friends of the insane patient are prone to look for another reason, and if we are not on the alert we will be drawn to their way of thinking, harking back to some injury received during childhood, or some calamity of later years.

So in examining the records of the asylums we find that they have been able to trace over 50 per cent. of all cases to heredity. I verily believe that if we would, or rather could trace every case of insanity back far enough we would be able to find a strain of the disease in some of the ancestors. However, this is only my opinion and not an established fact.

We must not leave the impression that every person who suffers mental overthrow is a direct descendant of an insane individual, because such is not the case. More generally, the heritage of mental instability will be traced through some collateral line. It will be found that an aunt or uncle has been similarly affected, or the relationship may be even more remote.

It appears that the forms of nervous instability that lay the foundation for insanity tend to act as Mendelian recessives in heredity."

It follows that if an insane person is mated with a perfectly normal one, the offspring will probably be personally normal, although carrying the factors of nervous instability in their germ-plasm. But if two individuals having this heritage are mated, even though both are personally normal there will almost certainly be evidences of nervous instability in at least one out of four of their progeny.

It will be recalled that a recessive trait makes itself manifest only when the factors for recessiveness are combined in the germ-plasm, uncomplicated by the presence of the opposite factors; and hence that the recessive traits always "breed true." This explains the report that where two persons both of whom are insane are mated, their offspring all become insane. It is obvious, then, that the question of selection of a marriage partner for persons in whose family there is a strain of insanity is a highly important one.

Mendelian heredity explains how it is possible that in a fraternity whose parents were "mixed dominants" as regards the factors for mental instability, one individual may inherit a perfectly sound and normal nervous system whereas his brother, "even a twin," may inherit a nervous system so unstable as to invite overthrow. Unfortunately a recessive trait, in the case of a "mixed dominant" may be so completely submerged that it gives no manifestation whatever of its presence, yet it will come to the surface no less surely if this person marries with a mixed dominant. So the only safe rule

where there is known to be insanity in the family heritage is to avoid marrying into another family having a like defect.

It is obvious that cousin marriages under these circumstances would be peculiarly hazardous. With reference to consanguinity, there is no reason why it should not be practical if there is absolutely no hereditary strain on either side, but if there is, it is brought out more forcibly in the offspring.

This subject of heredity is one of such tremendous importance that no man could attempt to discuss it at length in one paper, and I am unable to suppress the wish that in the future this great subject may often be presented here for consideration.

WHAT THE STATE AND YOU CAN DO FOR THE CONSUMPTIVE.*

By Thompson Frazer, M. D., Asheville, N. C.

In recent years we have had to change many of the views which we once held on the subject of tuberculosis. With regard to the curability of tuberculosis—you all remember the time when we looked upon the disease as a hopeless one. After this—veering about to the other extreme—we adopted a hopeful attitude, which, in turn, has been forced to give way to the view which we now hold and which maintains that tuberculosis is curable only in the early stages and if properly treated.

In many other respects have we modified our opinions of former days. None of our more recent views is of more importance than that which is implied in the title of this paper "What the State and You can do for the Consumptive" which is tantamount to saying that the responsibility for the cure of the disease does not rest on the patient and his physician alone.

This conception is a somewhat new one—for it has not been long since we did look upon tuberculosis as the patient's own affair: we hoped he would get well, poor fellow, but, if he didn't, it was scarcely our fault.

Happily, we have changed all this. We now realize that tuberculosis is not simply the personal problem of the unfortunate sufferer, but a disease with vast sociological relations and one whose eradication depends upon the combined effort—not only of patient and physician—but of State and every individual as

well. Now while the practicing physician has a great responsibility to bear in that an early diagnosis—so essential to a cure—is demanded from him, it must be remembered that an early diagnosis, though essential to a cure, does not spell cure,—the physician, no matter how willing, can not work miracles. And while the patient, no less, has it in his power to devote his will and determination to getting well, there are some conditions inherent in the nature of the disease which make recovery difficult of attainment.

In the first place, tuberculosis is a disease of early life. Secondly, it is a disease which is most prevalent among those in moderate or straightened circumstances. Thirdly, tuberculosis is a chronic disease, taking months or years to "cure" or "arrest." Who, I ask you, is to pay for a course of treatment—which, first of all consists of stopping work—for a period, let us say, six months—for an early case? Not the sufferer—when he stops work his income stops with him. Who is going to teach him to live so that he shall not infect his children, or your children and my children?

These are some of the questions which must be answered by the State and by You. Before offering any suggestions on the solution of these problems I shall first attempt a brief review of some of the facts which have a bearing on the subject of tuberculosis, believing that an appreciation of the conditions which underlie the disease will best serve to point the path which we must follow.

There are two facts—fundamental to the proper understanding of tuberculosis—that must be borne in mind. The first of these is that tuberculosis is an infectious disease; the second, that it is a sociologic problem. With regard to the first: it is of course known to all of you that tuberculosis is an infectious, a communicable disease. Now this does not mean that it is contagious in the sense that measles and smallpox are contagious: much of the fear of consumptives is unwarranted; at the same time we are safe in saying that most cases of tuberculosis are the result of the taking into the body of germs, the source of which is the dried-up sputum of consumptives. Although we are fond of saying that tuberculosis is preventable—and it is, theoretically—as long as we do not destroy the infectious material it is not preventable. I may be drawing down upon me the wrath of those who maintain that tuberculosis is preventable; the fact con-

*Read before the North Carolina Health Officers' Association at Greensboro, N. C., June 14, 1915.

fronts us, however, that as things stand today, it is not preventable. It **should** be, it **could** be, but under existing conditions it is **not**.

This is a sad commentary on our civilization, but the reason is not far to seek. For tuberculosis differs from most of the infectious diseases in being of a long-drawn-out nature. In typhoid fever, for instance, the relation between infected food or water and an outbreak of typhoid fever is more apparent—cause and effect are close in time and space. In tuberculosis, however, we don't so readily see the relation between infection and the development of symptoms, for years may elapse between the time that the individual is infected and the time that he breaks down in health; that is, the disease may exist for a long time in what is called the latent state—without giving rise to symptoms. Indeed, we now consider tuberculosis in the adult in many, if not in most cases, as the result of an infection taking in childhood, which was carried about for years without causing symptoms until the strength of the body, or as we say, the resistance, was lowered as the result of unhygienic living or unsanitary conditions, such as hard work and long hours, insufficient sleep, dark, unventilated quarters, poor food, and not enough of that.

This brings us to the second point which I wish to emphasize, viz., the sociologic and economic aspect of tuberculosis. For, though the tubercle bacillus is the actual exciting cause of the disease, equally important are the conditions which act as predisposing causes. These two causes the actual and the predisposing often go hand in hand, with poverty and ignorance showing them the way. It is no wonder that tuberculosis increases as we go down the social scale: for in the dirty, overcrowded homes of the poor who are ignorant of the most elementary rules of hygiene, the germs spit upon the floor by the untaught consumptive easily gain entrance into the bodies of other members of the family, especially the children playing about the floor; so that we may confidently look forward to the production of a crop of consumptives in the coming generation when as the result of a scanty living wage or unsuitable quarters or insufficient food the resistance of these infected individuals is overcome. Poverty thus supplies both the seed and the soil.

This endless chain has been forged for countless centuries; it is being forged

now. There is this difference however—that we can no longer plead ignorance of the fact.

With conditions as I have painted them what chance has the poverty-stricken individual for recovery? In the face of these facts what can the physician accomplish unaided in stopping the spread of infection? Nothing, or almost nothing. For we are not dealing with a disease alone but with a sociological condition,—crime, if you will. It is only by united efforts that we can get results—each and every one of us must put his shoulder to the wheel.

It would take us too far afield to discuss all the details which go to make up the Anti-tuberculosis Crusade. I shall attempt, however, to indicate, briefly the steps which should be taken by the State and by You. From what has been said it is plain that the problem which confronts us is really a double one, viz., the "cure" of those already affected, and the prevention of the infection of others—our efforts must combine the two.

What the State Can do.

Looking at the matter from these two angles, What can the State do?

1. To accomplish the "cure" of those already infected there should be established and maintained a Clinic or Free Dispensary so that the sick individual may be examined by one familiar with the disease in order that a diagnosis may be arrived at the earliest possible moment.

2. There should also be maintained by the State a sanitarium or sanitariums large enough and with appropriations enough to care for the great numbers of indigent, early cases who must otherwise succumb to the disease.

3. Bearing in mind the large number of children who are already infected, the State should support a far-reaching policy of school-inspection with examination of suspicious cases; this to be supplemented by the institution of fresh-air schools for such children whose physical condition is found to be below par.

To check the spread of infection which is as important as to attempt to relieve those already diseased there should be required:

1. Compulsory notification by physicians of cases of tuberculosis. This is the only means by which we can even attempt to keep informed of the number and location of cases.

2. In addition to laws looking toward this, there should be employed a properly qualified, whole-time health-officer whose

duty it should be to see that these and other laws are rigidly enforced.

3. The maintenance by the State (or by some charitable organization) of the Visiting Nurse. This has been undertaken in many communities and can not be too strongly recommended. Going into houses in which tuberculosis has been reported, she becomes familiar with home conditions, advises the patient to go to the sanitarium or hospital, reports the presence of other suspicious cases, gives instruction in hygiene, etc., etc. She is of great service, therefore, both as a means of discovering disease and of starting the educational campaign.

4. Valuable as the above measures have shown themselves to be, they will not avail us much unless we have some means of caring for the advanced cases who spread the infection. To this end a hospital where the helpless, ignorant, careless, wilful and dangerous consumptive can be taken care of must be looked upon as one of the most important measures of safeguarding the community.

What You Can Do.

One of the most important things you can do is to stand by the State, for without support of the individual the State can do nothing. This, however, is not the only thing that you can do: your sphere of influence is a large one if you wish it so.

We have seen that the economic aspect of tuberculosis is no less important than the infectious aspect. We have learned that poverty is a great predisposing cause of the disease. While I shall not suggest that you attempt at once to abolish poverty, there is much that you can do in seeing that child-labor laws are not only enacted but enforced, and that factory-inspection results in better ventilation and better sanitary conditions. While the assurance to the working classes of a living wage which shall enable them to have enough to eat for themselves and their children, which shall provide better homes and protect them against the evils of overcrowding, darkness, filth and other unsanitary conditions,—this, ultimately, rests upon the Public,—or you, individually and collectively.

By the organization of anti-tuberculosis societies in your community, acting in conjunction with the National Association, you could start an educational campaign against ignorance, dirt and disease that would have wide-reaching results. A discussion of the early symptoms of tuberculosis, the means of pre-

vention and treatment, by mother's clubs and similar societies could not but prove helpful.

There is one thing more that you can do—and must do—and that is, contribute to the cause. For surely common humanity demands that we make provision for those who largely through no fault of their own have become waste-products of civilization.

Should humanitarian motives not prove strong enough there is still the driving-power of self-interest which may spur us to action. For it is cheaper for the tax-payer to support an invalid in the early stages of the disease, rather than to withhold help until the disease is well-advanced, at which stage not only he must be taken care of, but those as well whom he has succeeded in infecting during his career.

Whether we break the endless chain depends on you. The prevention and the treatment of tuberculosis stand on a firm footing; the knowledge which has been obtained at great cost is useless, however, unless applied. The final outcome of this war on disease depends on whether the sinews of war are forthcoming—this again rests with you.

I believe you will rise to the task before you. And I believe that the present crusade is big with promise in that you—the individual who constitutes the State—are learning at last to realize to what extent the country's health, wealth and prosperity have been held in check by the greatest of scourges, tuberculosis.

RURAL HYGIENE.*

By D. C. Absher, M. D., Vance County Health Officer, Henderson, N. C.

The subject of this paper is "Rural Hygiene," but in considering anything rural, let us understand that rural people are just like the rest of us,—human beings. They differ from us chiefly in the fact that they are more independent. They live farther from one another, and each man's problem is, therefore, more of an individual problem.

It has been well said, that "God made the country, and man made the town." Therefore, in discussing this subject, I believe that we are considering the most important, and, in North Carolina, the fundamental, health problem.

North Carolina is preeminently a rural State, but the farmer and his good wife have been so much praised and so long

*Read before the Greensboro meeting of the North Carolina Medical Society.

considered the back-bone of the nation that they need no further praises from me. When we go to the city, we find the country boys in charge; the men in control of the affairs of the nation were country boys. With those facts in mind, I am convinced that just as soon as the rural sanitary conditions are made right, the city sanitary conditions will very nearly right themselves, although everyone, who has had public health experience, knows that rural work is largely persuasive while city work is accomplished through ordinances.

In the country, the homes are usually isolated; each family, therefore, has only its own flies. In the city they have some of their neighbors flies also. If the man in the country wants filth, flies and disease, he is entitled to them, for usually his own family must be the ones to pay the penalty. In the city the same man could not so easily confine his filth, flies and disease to his own home, he therefore, becomes dangerous to his neighbors and must be ruled by ordinances. In the rural community, sanitation is not only a health question, but it becomes an educational and sociological question as well. In other words, sanitary conditions can be more easily improved while other community problems are being worked out. When the country boy is taught as well as trained, as to the proper method of disposing of human excrement, he will not have to be forced so much when he moves to the city, and incidentally, both the rural and the urban death rates will be lowered, and we will have accomplished, in part, what Benjamin Franklin referred to in 1788, when, in writing to a friend, he said: "I have sometimes almost wished it had been my destiny to be born two or three centuries hence, for invention and improvement are prolific and beget more of their kind. The present progress is rapid. Many of great importance now unthought of, will, before that period, be produced; and then I might not only enjoy their advantages, but have my curiosity gratified in knowing what they are to be. *** One reason more for such a wish, which is that if the art of physic shall be improved in proportion to other arts, we may then be able to avoid disease, and live as long as the patriarchs in Genesis, to which I suppose we should have little objection." If that great statesman and scientist could visit this world today, he would no doubt be gratified, if not surprised, at the discoveries and inventions that have been made since his day. With the

discovery of the specific organisms of many diseases, naturally have come the discovery of means of avoiding them and preventing their spread, so that today we find the average length of life is being increased. May we hope that, some day, poor Richard's dream will be realized.

One of the biggest problems in rural hygiene, is that of properly disposing of human excrement. It is surprising to observe the large percentage of people in rural districts who are without privies of any kind. When one is found, it is usually of the open surface type, offering free access to flies, as well to the pigs and chickens. By way of parenthesis it might be said that even worse conditions are found in the average small town. In most counties we find the great majority of schools without privies. At the homes, then, how simple it is for typhoid and dysentery to be carried to every member of the family by the flies, whenever the germs are deposited in such privies,—or out of them. How easy is the spread of Hookworm disease at school houses unprovided with some type of improved privy. The installation of some improved type of privy is, then, one of the fundamental steps in sanitating a rural community. The simplest privy to construct, and the easiest to care for, is the "pit privy." It is far from perfect, but it is unquestionably an improvement. It can easily be made fly-tight; and it can be built at very small cost, so that the poorest family can have one, and the poorest county can have two at each school. In the county of Vance work is now in progress installing two of these closets, one for boys and one for girls, at every school house, white and colored, in the county. Of course, to get such work done, it is necessary to have the cooperation of a progressive county superintendent of education, and a progressive board of education.

As to the privies themselves, the pits should not be more than four feet deep. The wall of the closet should go to the ground on all sides, and the dirt should be banked against the walls so as to prevent rain water running in. Lids should be fitted over the holes and everything should be done to make the pit fly-tight. The beauty about such a closet is that there is very little odor, and it is never necessary to clean out the pit. Instead of cleaning, when it becomes filled to within a foot of the top of the ground, a new pit is dug, the closet moved and the old pit filled up, thus effectually burying the excrement. I do not believe that this

type of privy is adaptable to limestone sections, but in sandy soil it is admirable.

Proper Ventilation of Rural Homes And Schools is a question of great importance. We would think that there, where fresh aid and sunshine are so plentiful and free, the people would take advantage of the opportunity, and breathe fresh air at all times, but how often do we find three or four persons sleeping in the same room, with every door and window closed. Especially is this true of negroes. The high death rate among them from tuberculosis is too well known to this body to need reiteration; but in this connection, I wonder how many of our profession sometimes call pulmonary Tuberculosis, Asthma, in order not to frighten the patient?

There are those who believe that the health of the negro race is of very little importance; but even from a selfish standpoint, it is a very important question. I find that negroes respond very readily to public health work, and I am convinced that when we lower the death rate from Tuberculosis among them, we will have fewer cases of that disease among those of our own race. The two races are living in the same country, and we cannot disregard the facts, no matter what our sentiments, "for none of us liveth to himself, and no man dieth to himself."

In public health work, in a rural community, the school is the strategic, as well as the most important point, for in a few years the pupils will be the men and women of our country. Not every person is able to interest school children, but when the right methods are employed it is usually easy to get the children to study hygiene; that done, the next step is to get them to practice hygiene,—to use individual drinking cups; to keep their teeth clean; and to avoid putting things such as pencils etc. in their mouths, etc., etc. The school children should also be examined for physical defects, such as decayed teeth, adenoids, enlarged tonsils, and defective vision. When defects are found, the case is referred to the family physician. With these things done in the schools, we are able not only to help the children, but through them, to reach many of the parents.

The control of the so-called contagious diseases is another important phase of rural hygiene, but that side is worthy of separate discussion and I shall leave that to the care of others.

Perfection is a long way off; but with the coming into power of the next generation of taught children, let us hope

for better things in rural hygiene.

We have heard the praises of our profession for the noble work of some of our members in ferreting out the cause of a number of diseases, and the unselfishness of our profession as a whole in standing by and helping to prevent disease. I have not yet heard of any member of our profession starving because of any such efforts, however. The public health forces of our State are small, and there is yet much to do. I would just like to say therefore, in closing, that there is need in every county for the fullest co-operation from the profession in working out this fundamental question of rural hygiene. It is a work in line with the ethics of our profession; in line with our desires for our own families; in line with the noblest sentiments of the human soul. The medical profession has done much, we can do more, and here's to the best that's in us for North Carolina!

THE THERAPEUTICS OF LOBELIA INFLATA—HISTORY—GLEANS— INGS—EXPERIENCE.

By C. W. Hunt, M. D., Brevard, N. C.

The object of this paper is to call the reader's attention to a few of the many virtues of Lobelia, without claiming to present any special original findings, hoping that others will be induced to study more fully the virtues of this and other plants:

"O! mickle is the powerful grace that lies
In herbs, plants, stones, and their true qualities:

For naught so vile that on the earth doth live,
But to the earth some special good doth give;

* * * * *

Within the infant rind of this weak flower
Poison hath residence, and medicine power."

I am not a therapeutic nihilist, but rather a therapeutic optimist; having faith in my remedies. Faith born of careful study will not be disappointing, when coupled with proper diagnosis and application. While my personal knowledge is quite limited, this plant has been my sheet anchor in the treatment of many different diseases.

In looking up the history and the known medicinal virtues of this plant, I find:

1807. Primitive Physic,* by John Wesley, A. M., London, England. No mention is made of Lobelia.

*In this old book it is interesting to note the author's mention of diet, electricity, sea water, and cold baths for fever.

1850. Alexander F. English, a man of keen judgment and close observation, who lived in the midst of the Appalachian Mountains, dividing his time in those days between farming and hunting, at intervals read home medicine, Wood, etc. There were no doctors in his neighborhood; so he was the authority on all things medical and made some of his greatest hits with Lobelia, using the plant as a tea, the leaves as a poultice and the seeds internally as an emetic and emeto-cathartic. He had a great reputation for giving "Spring Medicine" to purify the blood and for breaking up spring fevers. He used Lobelia for cramps, biliousness, and colic. He gave a tea of the leaves and also used it as an emetic for broncho-pneumonia in children and a poultice made of the leaves, removing it as soon as the patient became pale and nauseated. He told the following incident:

"One day an old Irish pioneer, one Johnny McKinney, consulted me while I was plowing in my field. Without leaving the furrow, I plucked a few leaves of Lobelia and told Johnny that it would cure him and cautioned him not to take it before he reached home. Johnny went home and took as a dose, five leaves. His wife took three leaves. Directly Johnny saw the moon and the stars all run together and felt the earth turn upside down. He called to his wife for help in sore distress but she could not respond, she herself a victim of the emeto-cathartic effect of this plant."

1858. Woods Practice of Medicine: "Pseudomembranous Croup. The internal use of Lobelia is here highly serviceable."

1868. Stille. Materia Medica: "The first mention of this remedy was by Schoepf, who traveled in this country in the middle of the last century.

"In England Dr. Elliolsen, writes that it is the best medicine for spasmodic breathing.

"Mr. Bower: 'In all cases where dyspnoea is an urgent symptom, Lobelia is applicable, I say in all cases because I have never observed any unpleasant effect from its administration.'

"Neuman announces that Lobelia is one of the most valuable medicines, in the diseases of the lungs, relaxes the spasm of the respiratory muscles with incredible rapidity and even cases depending upon organic causes, diseases of the heart, for example, it speedily affords relief. In organic diseases of the lungs, when a tormenting dry cough and an in-

sufferable tickling in the throat rob the patient of rest, it is in the highest degree beneficial. Nothing approaches the direct and specific action of Lobelia upon the motor nerves of respiration. It is speedier and more certain in its operation than digitalis, and more direct than ipecac.

The language of Schlesier is even more laudatory. He thinks that Lobelia cannot be sufficiently commended in spasmodic asthma. Like Neuman, Schlesier employed it even when the asthma was connected with disease of the heart; it not only relieved existing paroxysms but made them less frequent. He also prescribed Lobelia in cases of bronchitis. Schlesier pronounces it a true anti-spasmodic, and a most valuable sedative of tormenting, dry and irritative spasmodic cough, and a genuine alterative of the vitality of the bronchial mucous membrane.

Andrews, Morelli, and others, testify to its usefulness, not only in asthma but in whooping cough and spasmodic croup, etc., and in all the pulmonary affections in which it is desirable to promote the natural secretion of the bronchia.

Tott relates the case of a shoemaker who suffered for many years from humid asthma and for whom assafoetida, and belladonna, blisters, etc., had been tried in vain. For two years after taking Lobelia he remained perfectly well: another case of a sailor presented the same conditions and was in like manner speedily and permanently relieved.

Erble states that he has known the most frightful paroxysms of asthma completely allayed in less than fifteen minutes, even where the disease depended on organic affection of the heart. It has speedily mitigated the distressing difficulty of respiration. The same writer used Lobelia in whooping cough in unequivocal advantage."

"There is little doubt that it fulfills indications in asthmatic attacks, which no other medicine is well able to meet, and that its properties deserve to be carefully tested by physicians, in order that humanity may not suffer by leaving an instrument apparently of such energy and value to the hands of unskilful and ignorant men. In spasmodic or stridulous laryngitis, Lobelia perfectly fulfills the conditions of cure. Dose of the tincture of Lobelia as an expectorant: M. 10, to dr. 1."

1868. Austin Flint, M. D. Practice of Medicine: A hasty examination of: Lobelia is not prescribed.

1880. C. W. Hunt's notes taken at Col. Phys. and Surg., Baltimore, Md.: Lobelia inflata, is an emetic like ipecac, or rather more like tobacco, it depresses the whole system. It is unreliable. It is too irritating. Applied externally it will cure poison oak.

1883. Bartholow, *Materia Medica*: Tincture of Lobelia: dose, M, 5 to Dr. 1, T. E. Lobelia: dose, minim 1 to dr. $\frac{1}{4}$.

Antagonists and incompatibles.—The caustic alkalies decompose Lobeline. The depressing effects of Lobelia on the circulation are counteracted by digitalis, belladonna, ergot, and other vaso-motor excitants, by alcohol, ammonia, etc.

Synergists.—All of the motor depressents increase the effect of Lobelia. * * * as an emetic Lobelia is too harsh, in habitual constipation, from antony of the bowel and impaction of the bowel before inflammation has occurred, may be removed by small doses frequently repeated, two drops of the tincture every hour. An infusion of Lobelia as an enema has succeeded in relieving strangulated hernia, intussusception, and fecal impactions. It gives relief in a few minutes to violent attacks of spasmodic asthma. Expectorant and antispasmodic in whooping cough.

A Lobelia emetic will cut short an attack of spasmodic croup, but is too harsh and dangerous a remedy to be employed for this purpose.

Lobelia may be used in place of tobacco in tetanus, strychnine poisoning and allied states.

According to the investigations of Ott, Lobeline, in moderate doses, first increases the blood pressure by acting as an excitant on the peripheral vaso-motor nervous system, this primary effect is not of long duration, a fall in the blood pressure soon occurs, the peripheral circulation is so embarrassed from weakened powers of the heart, and obstructed pulmonary circulation, that oxygenation of the tissues is rapidly impaired and a marked reduction of temperature takes place. Lobeline affects chiefly the motor nervous system, and especially the medulla oblongata and its respiratory center (necrosis of pneumo-gastric.)"

1883. Biddle's *Materia Medica*: "Lobelia is classed among emetics, but its action is too violent, chiefly employed by regular practitioners in asthma, and angina pectoris, cardiac dyspnoea, given in small doses till headache or nausea ensues.

"Ringer 'advises large doses in asthma, 1 dr. of tincture every 30 to 60 minutes,

anti-spasmodic and expectorant. Used as an enema, to fulfill same indications as tobacco."

1889. U. S. D. In looking up the history and the known medicinal virtues of this plant, I find therein stated: "Lobelia Inflata, often called Indian Tobacco: is said to have been used as a medicine by the aborigines of America, but was first brought into general professional notice by the Rev. Dr. Cutler of Massachusetts.

The leaves or capsules, chewed for a short time, occasion giddiness, headache, general tremors, and ultimately nausea and vomiting, when swallowed in full dose, the medicine produces speedy and severe vomiting, attended with distressing nausea, copious sweating and great general relaxation. When toxic doses are taken, these symptoms are very severe, and have added to them, burning pain in the fauces or oesophagus, progressive failure of voluntary motion, rapid, feeble pulse, fall of temperature, and finally collapse with stupor or coma; in some cases convulsions precede death. Death has often resulted from its empirical use. Its poisonous effects are most apt to occur, when, as sometimes happens, it is not rejected by vomiting.

The experiments of Dr. I. Ott upon the lower animals show that the poison causes paralysis of the motor nerve trunks, the peripheral vagi, and probably also of the vaso-motor centers.

Death seems to occur from failure of respiration, due, in part, at least, to the condition of the motor nerve.

As an emetic, Lobelia should never be used. At present it is rarely employed at all except in asthma, the paroxysms of which it often greatly mitigates, and sometimes wholly relieves, even when not given in doses sufficiently large to vomit.

It has been used in catarrh, croup, pertussis, and other laryngeal and pectoral affections, but is chiefly valuable where there is bronchial spasm and must always be employed with caution.

It has been employed effectually, in small doses repeated so as to sustain a slight nausea, for producing relaxation of the os uteri. Also successfully in tetanus."

1897. Waugh: Treatment of the Sick: "Lobeline (alk.) stimulates stomach and bowels, causing headache, vomiting, and collapse, some times coma or convulsions, small doses raise blood pressure; the alkaloid is less apt to cause nausea than the ordinary preparations: expectorant, diaphoretic, laxative, given for pertussis;

for asthma; and dyspnoea in general. For emesis, give small doses frequently to obtain effect from absorption instead of local irritation, increases activity of all vegetative functions, innervation and circulation, in minute doses, for angina pectoris give in full doses; also for difficult labor from rigid os or perineum: it also energizes uterine contractions, sedative in fever, local and general.

Dose: Gr. 1-134, ten times daily, gradually increased if desirable.

Of the concentration, Lobelin, as an emetic, gr. 1 in warm water every ten minutes; as a diaphoretic or expectorant, gr. 1-12 hourly."

1898. Butler: *Materia Medica*: "Lobelia direct or systemic emetic. Therapeutics.—Externally and locally none."

1906. Shoemaker: *Materia Medica*: "Lobelia has no local action, but there is some danger that it may be absorbed and produce systemic effects if applied too freely to the skin.

Internally, it is a powerful depressant in large doses, and sialagogue, expectorant, emetic, and purgative, according to circumstances. This drug frequently produces headache and vertigo, and may cause death from exhaustion, or by paralysis of the respiratory center. It depresses the circulation and action of the heart, favors diaphoresis through the violent emesis which it causes, and lowers temperature. Lobelia, also promotes the discharge of urine and has some narcotic properties.

Lobeline first increases, then diminishes, and finally abolishes reflex action. It generally increases arterial pressure and stimulates the respiration. In overdoses it causes death by respiratory failure. Lobelia may be employed for asthma. * * * Lobelia should only very exceptionally be employed as an emetic * * * as it produces too much nausea and depression, and when so used has caused death.

For the same reason Lobelia is detrimental when dyspnoea is occasioned by disease of the heart. The author further states that, "Lobelia is indicated in hysterical convulsions, an expectorant in bronchitis and whooping cough, in constipation and fecal impaction, promoting peristalsis and intestinal secretions.

Lobeline, spasmodic asthma and tetanus, free from nauseant irritant properties, and can be subcutaneously injected, gr. 1-6 to 5-6 for children, gr. 5-6 to gr. 6.

Dr. Nunes claims a cure of eight cases of tetanus."

The above is a fair and comprehensive

epitome of the therapeutics of Lobelia, according to the teachings of the "regulars," of which ancient and honorable body, I am a member.

We will now see that we can learn by looking into the therapeutics of Lobelia, according to the teachings and practice of our brethren the Eclectics, who by their untiring labor in the study of the therapeutics of many medical plants, have not only enriched our materia medica and given to us the knowledge of many medicinal herbs, but have also set us a worthy example of painstaking study and research.

1878. Goss: *Materia Medica*: "Lobelia is one of our most powerful emetics, it is rather harsh alone. * * * In asthma I have always depended upon Lobelia in the immediate paroxysms, giving it in emetic doses. In croup I often combine the tincture of sanguinaria with the tincture of Lobelia, two parts of Lobelia to one of sanguinaria. No physician who has used the above combination in croup will possibly do without it. It is an expectorant. In spasmodic diseases it acts very promptly.

Lobelia is a sedative to the heart, not so direct as veratrum, but if continued in proper doses, it is a valuable remedy in acute inflammations, especially in pneumonia. It was a favorite remedy with Prof. L. D. Ford, of Augusta Medical College of Georgia, in 1843. It may be combined with veratrum in pneumonia, and will be quite an addition, as it relaxes the stricture of the thoracic muscles, relieving the dyspnoea and aiding the veratrum to control the circulation and at the same time it acts as an expectorant. But one of the most important uses is its effects upon nutrition. This effect is the result of the direct influence of Lobelia over the sympathetic nervous system. It improves innervation and thereby increases the activity of the vegetative functions. This effect can only be procured by giving very small doses, say one or two drops every two or three hours.

As a relavant it is valuable in cases of rigid os uteri and may be combined with gelseminum in full doses.

As an emetic it can be given, when preferred with ipecac, and should be given in small and repeated doses so as to admit of absorption and to procure emesis from its influence through the circulation and not from the direct irritant effect upon the mucous coat of the stomach.

I make my own tincture. Eight ounces to alcohol one pint (76 per cent.).

Dose, as an emetic, dr. 1 every ten minutes; relaxant, ten to twenty drops every hour; expectorant, three to five drops; antispasmodic, twenty drops; repeat till emesis is produced.

Lobelin: used for the tough and vitiated phlegm, in the incipency of pneumonia, bronchitis and pleuritis. * * * In all diseases of the chest, I have used it extensively and found it a potent remedy.

If the patient is kept under its sedative influence for the first two or three days of the attack of pneumonia, it frequently removes all traces of the disease, without further treatment.

In the forming stage of catarrh, Lobelin is the remedy par excellent, for it relaxes the constricted capillaries, equalizes the circulation and promotes diaphoresis and elimination from the system generally.

In the advanced stages of pulmonary inflammation I usually combine veratrin and aconitin with the Lobelin to more readily control the excited state of the heart. But the specific influence of Lobelin is most apparent in the prompt relief of the paroxysms of asthma. In doses of one or two grains repeated every fifteen minutes until it produces emesis there is no remedy that I have ever tried that equals the Lobelin in the treatment of asthma and to ward off the attacks.

Oil of Lobelia. Triturated in glycerine, ten drops to the ounce, and one grain of sanguinarin added, forms a prompt remedy in croup, and ten drops added to one ounce of ether and inhaled will promptly relieve a paroxysm of asthma. In the treatment of pneumonia, ten or fifteen drops added to an ounce of extract of asclepias and twenty drops of tincture of veratrum, giving one drachm of the mixture every hour until the system is relaxed and the action of the heart controlled. * * *

In common catarrh a few drops of the oil of Lobelia added to a teacup of ginger tea and taken till perspiration results will generally relieve the attack in a few hours. In spasm of children, one or two drops of this oil given every ten minutes until emesis, will control the spasm promptly. The dose is from one to eight drops, pro-renata."

"Subeuloyd: Lobelia. Indications and doses, compiled from the writings of Dr. Jentzsch and Dr. Ellingwood:

Anuria, 20 to 40 minims, repeated hourly for three injections.

Angina Pectoris, 30 minims, repeated within an hour.

Apoplexy, 30 to 90 minims, repeated in two hours.

Asphyxia, 20 to 60 minims, repeated with discretion, if necessary.

Asthma, 30 minims injections, twice a day.

Asthma Spasmodic, 30 to 60 minims.

Asthma, uncomplicated cases, 5 to 10 minims.

Asphyxia (chloroform), 20 to 60 minims, repeated as necessary.

Bronchitis, 10 minims, three times a day.

Broncho-Pneumonia, with children, 10 minims, with adults, 30 to 60 minims. Repeated if necessary.

Colic, Nephritis, 30 minims. In extreme cases, 60 minims.

Croup, Infantile, 10 minims.

Croup, Membranous, 20 to 30 minims, repeated if necessary.

Convulsions, Infantile, 5 minims, increasing, if necessary to ten or fifteen minims. In extreme cases, if child is over two years of age, the injection may be increased to 30 minims.

Diphtheria, 30 to 60 minims, repeated as necessary. With infants, 10 to 30 minims.

Diphtheria, Hemorrhagic, 40 to 90 minims, repeated as necessary.

Dysmenorrhea, 20 to 40 minims, repeated in three or four hours.

Eclampsia, 60 minims with first spasm symptoms.

Epilepsy, 60 minims, repeated within an hour if paroxysm is prolonged.

Heart Failure, Acute, 40 to 80 minims, repeated in half hour or hour.

Hysteria, 30 minims, every 12, 18, or 24 hours, as indicated.

Heat or Sun Stroke, 60 minims, at one injection.

Migraine, 30 minims, repeated if necessary.

Os, Rigid, 30 minims.

Ovarian Pain, 30 minims, repeated if necessary.

Pneumonia, 30 minims, repeated if necessary.

Poisoning, Ptomaine, 20 to 80 minims, repeated as emergency requires.

Poisoning, Toadstool, 30 to 60 minims, every two or three hours.

Spasm, Intestinal, 30 minims. In extreme cases 60 minims.

Spasm, Laryngeal, 10 to 30 minims, repeated if necessary.

Spinal Meningitis, 10 minims, repeated every two or three hours.

Tetanus, 60 minims, repeated hourly, for three injections; afterwards if necessary.

Tonsillitis, 20 to 30 minims.

Tuberculosis, relieved by 30 minim injections.

Vomiting, in Pregnancy, 10 minims, twice daily.

Whooping Cough, 15 to 30 minims, in the evening. For restraining influences, 10 minims twice daily."

From my personal experience, I consider Lobelia the king of antispasmodics, lessening the circulation and acting simultaneously upon both the spinal and vaso-motor system of nerves. small doses frequently repeated, raise the blood pressure; larger doses lowers the blood pressure, and we see from its history that very large doses produce a toxic effect, gradually arresting the circulation and respiration.

In my opinion Lobelia occupies a peculiar and unique position with other antispasmodics, and vaso-motor and cardiac depressants, regulating the circulation of blood similar to the action of aconite and veratrum; actively antispasmodic like unto tobacco. Possessing the therapeutic qualities of all three: in a great degree and taking the place of or acting with either one of the three in a synergistic manner, when properly regulated as to dose. This action should be guarded and regulated by the proper corrective according to the symptoms present, and each disease treated and each special organ affected; for instance, during its prolonged use as a relaxant on the circulation and general system, its nauseating effect can be guarded by opium in the same manner as this medicine is given in connection with veratrum to guard its nauseating effect.

If a too depressing effect on the cardiac muscles is produced, cactin should be given with the Lobelia.

We should think of Lobelia as occupying a place midway between tobacco and veratrum viride, therapeutically nearer to and companion with veratrum.

Lobelia can be advantageously used in all cases in which veratrum is indicated in preference to or in combination with it, carefully regulating the dose and watching the effect the same as with veratrum.

A careful comparison of its physiological and therapeutic effects will show that Lobelia is not more harsh, irritating, or dangerous than veratrum and that the action on the heart is similar, though I have found that while Lobelia relaxes the system, favoring elimination, its first effect on the heart in full doses is to lessen the force of the heart's action, and

soften the pulse, without lessening the frequency of the same, and exerting at the same time a quieting and antispasmodic effect upon the entire nervous system, if any nervous or convulsive conditions existed at the time. In moderate doses Lobelia is not excessively harsh or violently emeto-cathartic and the nausea is not more quickly induced and is perhaps less persistent than that from veratrum.

I have prescribed it in small, medium, and in very large doses, and I have never witnessed a violent or dangerous effect.

Like aconite Lobelia is antagonistic to the fever process and lessens respiration, and unlike veratrum, it acts similar to aconite, in all febrile and inflammatory states wherein the mucous membranes are involved, having an expectorant effect and a curative action upon the mucous membrane, affected in such diseases as inflammatory states of the respiratory organs, such as tonsillitis, acute pharyngitis, ulceration of the tonsils, diphtheria, in asthenic cases, acute catarrh, acute catarrhal bronchitis, catarrhal pneumonia. Of great service in over action of the heart, in peritonitis, in pelvic peritonitis, pupular metritis, cerebro-spinal meningitis, acute maniacal delirium, active forms of cerebral congestion, neuralgia, ovarian congestion and neuralgia.

Lobelia is an ideal remedy for colic of a spasmodic nature, or that from an overloaded stomach, given if necessary until emesis is induced, thereby removing the cause.

It will be seen that Lobelia can often be advantageously prescribed in preference to or in connection with aconite and veratrum. A powerful hand maiden (though differing from either one in some respects) to both veratrum and aconite, aiding each in its characteristic and peculiar therapeutic effects. Lobelia, veratrum and aconite, being three of the most important members of the medicinal plant family, therapeutically considered, possessing in many respects, a kindred and synergistic action, could properly be called the three sisters. (I wish that we had an alkaloidal granule composed of veratrine, aconitine and lobeloid.).

I have found Lobelia especially useful in treating bronchitis, bronchial pneumonia, etc., used both internally and externally.

Of course like any other powerful medicine we should apply our therapeutic knowledge with the utmost care and watchfulness, regulating and controlling

its effects. Though a dangerous medicine, like aconite or veratrum, when carelessly used, our art and skill should enable us to use it as safely as we employ the two former, thereby "From the nettle danger, pluck the flower safety."

Lobelia is unexcelled as an expectorant in bronchitis as an emetic, relaxant, and as a never failing antispasmodic in asthma. A valuable remedy, in the treatment of follicular tonsillitis and in excessive and irritable heart action. In a pronounced case of valvular disease of the heart I have prescribed Lobelia greatly to my satisfaction and to the patient's comfort, by adding it to the medicines formerly used, the "miss" in the pulse became less frequent breathing easier and the tumultuous heart sounds lessened.

Rigid os uteri and perineum are quickly relieved by full doses of Lobelia.

In both acute and chronic asthma I prefer and use Lloyd's preparations, the specific tincture internally and for hypodermic use subculoyd Lobelia. I have in the treatment of the same case compared the effect of the fluid extract of Lobelia made by our other best houses, with the effect of the specific tincture of Lobelia and found the latter much the best, in fact having invariably success with the latter and frequent failures with the former.

In asthma I direct minims 10 every fifteen minutes until free emesis is induced, then smaller doses to sustain proper relaxation and prevent and cure remaining bronchial irritation and spasms. In chronic asthma 5 minims every three or four hours, lessening the dose if nausea is threatened, acts very nicely.

In neglected cases of broncho-pneumonia, last stages, where death was inevitable, from occlusion of air cells and bronchial tubes, a fatal prognosis, immediately given, I found for a child two-years old, M, 10 to 20 of the subculoyd hypodermically to give a respite and comfort from the agonized efforts of respiration and improving the circulation superior to anything else, improving breathing and pulse and giving great temporary relief, suggesting that recovery would have occurred, had the patient received this treatment a little earlier, before being worn out and before fatal conditions were irrevocably established, and death stamped on the features. I believe that this treatment will often cure where other remedies are destined to fail.

In puerperal eclampsia, I have found that an occasional hypodermic of an H. M. C. tablet No. 1, i. e., full strength, to

act nicely and very happily with subculoyd Lobelia, can be given between the hypodermics of Lobelia, or can be dissolved in the hypodermic dose of Lobelia and both injected together.

The H. M. C. compound thus used has a charming effect, increasing the sedative and antispasmodic effect of the Lobelia and at the same time by its stimulating action, guarding the pulse from any undue, if any, depression from the Lobelia.

GALLSTONES.*

By Jno. W. Dillard, M. D., Surgeon Saint Andrew's Hospital, Lynchburg, Va.

Gallstones and appendicitis are often associated; but it is not intended to discuss the latter in this paper.

Few surgeons of today will delay an operation for appendicitis after being sure of their diagnosis. An early operation for gallstones is equally urgent. I give below quotations from men of large experience to corroborate the above, and will conclude by reporting a few cases which show how rapidly serious complications may arise in gall-bladder diseases.

The danger of the operation should first be considered. Mayo, in four thousand cases, gives an average mortality of about 2 1-2 per cent., and says that eleven per cent. of the whole number occurred in cancer cases. In his simple gallstone cases, not complicated, the mortality has been less than one-half per cent.

The mortality in my cases has been nothing.

Deaver says: "I am in favor of removing gallstones in every case in which they are known to be present; provided, of course, that there are no contra-indications which would render an operation injudicious. But when operation is done in the early stages of the disease, when inflammatory changes are merely catarrhal in character and the stones are confined to the gall bladder, the operation is free from risk, and the results are so satisfactory that it appears to me to be courting disaster to postpone surgical intervention in the hope that the symptoms will subside and never recur. After stones have formed, the risk of operation is the risk of delay."

Mayo-Robson says: "Cholelithiasis is curable by surgical methods in ninety-nine per cent. of cases, as I myself have demonstrated in a large series of opera-

"Read before the Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

tions; but if we wait for complications to supervene, and for the onset of jaundice and various infections, or until cancer has invaded the liver and gall bladder—which it does ultimately in fifty per cent. of cases in which jaundice is present—then there will be a very different tale to tell."

Moynihan says: "It is of the greatest importance to recognize that the inaugural symptoms due to gallstones are referred, not to the liver or gall-bladder, but to the stomach. The patient complains of fullness, weight, distention, or oppression in the epigastrium coming on after meals, usually within half or three quarters of an hour, relieved by belching, and dismissed almost on the instant by vomiting, elicited with remarkable constancy by certain articles of diet, and dependent rather upon the quality than the quantity of the food. There is a sensation of great tightness which, if unrelieved, may become acute. This may be relieved by bending the body forward, flexing the thighs on the body, or loosening all clothing that may be tight about the waist. While the discomfort lasts, he may notice a 'catch' in his breath, and may not be able to take a deep breath without feeling a stabbing pain at the right costal margin. There may be a feeling of faintness and nausea; and sometimes vomiting may occur. After a rather severe attack of indigestion, the body and side may feel stiff for several days. During one of these attacks there may be a sensation of chilliness. The sensation of 'gooseflesh' is often experienced. Dr. Leonard Molley designates these symptoms as "gall-bladder dyspepsia." I am disposed to say without hesitation that gallstones are never present in the gall-bladder without giving rise to symptoms."

Moyihan also says: "I look forward with every confidence to the time when no other treatment than that by operation will be first considered. I hold the position that, as soon as gallstones are known to be present in the gall bladder, the safest, the speediest, the only proper treatment is to remove them. Operation should not only be negated on account of the presence of some conditions in other viscera—the heart or the kidneys—which would render the course hazardous. Gallstones cause symptoms every whit as serious as those set up by a renal stone; the complications to which they give rise are a far graver menace to a patient's life and health; and their removal is a safer procedure. The timely removal

of gallstones is attended by a death rate of less than one per cent."

Roland Hill says: "In no region of the body can more brilliant results be secured than by operation in gallstone disease, before secondary changes have taken place in the gall-bladder and ducts. Therefore, it behooves us to resort to early exploration in obscure diseases of this region, for it may be said that the mortality following operative work on the gall-bladder is the mortality of delay."

Louis Frank says: "I would lay down as a fixed proposition that as soon as a diagnosis of gallstones is made, just so soon is surgery indicated."

Ochsner thinks it is unwise to postpone operations until we have biliary colic, jaundice, and passing of stones, and gives the following indications for surgical intervention: 1. Digestive disturbances; a feeling of weight or burning in the vicinity of the stomach after eating; gaseous distention of the abdomen. 2. A dull pain, extending to the right from the epigastric region around the right side about at a level with the tenth rib, passing to a point near the spine, and progressing upward under the right shoulder-blade. 3. A point of tenderness upon pressure between the ninth costal cartilage on the right and the umbilicus. 4. A history of having had one or more attacks of appendicitis or typhoid fever. 5. In many of these cases, there is a slight tinge of yellow in the skin—not sufficient to be recognized as icterus, but still sufficient to be perceptible upon close inspection—especially on the days on which the patient is not feeling well, when she complains of feeling bilious. 6. There is usually an increase in liver dullness. 7. There may be a swelling of variable size opposite the end of the ninth rib.

C. C. Coleman says: "The classical picture of gallstone disease, accompanied by attacks of severe pain radiating to the right shoulder, nausea, vomiting, and jaundice, is a late stage, and results from complications that calcareous cholecystitis may cause. It is most unfortunate that these symptoms are still regarded by many as necessary to a diagnosis, thereby delaying proper treatment and prolonging disability. To prevent complications, such as adhesions, perforation, obstruction of the common duct, and chronic pancreatitis, it is necessary to recognize what Moynihan calls the "inaugural symptoms" of gallstone disease, and to dismiss from our minds the typical

text-book description of gallstone colic."

Maurice H. Richardson says: "The success in this branch of surgery is as a rule brilliant and encouraging; but the success depends upon timely diagnosis and early intervention. The failures are invariably owing to advanced diseases, through either its local or general effects. To anticipate and prevent the remote pathological changes which are so difficult and dangerous of repair, the most important thing of all is the recognition of the gallstone when it first begins to offend."

Mayo says: "Gallstones are foreign bodies; why delay operating until complications occur? In our experience, simple operation for uncomplicated gallstones has had a mortality of less than 0.5 per cent.; and this might be called accidental, since it is due to the condition of the patient rather than the operation. Early operation is relatively safe, and the gall-bladder may be saved in a condition for future function. Fatalities can be traced almost every instance to delay."

Report of Cases.

Case 1—Mrs. ———, aged 50, very fat, and weighing about two hundred pounds, was taken with symptoms of acute cholecystitis at five o'clock in the afternoon; was operated on the following day at eleven o'clock. Gall-bladder was found in part gangrenous, and a dark fluid oozed from the abdomen. Upon being opened, a large stone was found in cystic duct, and removed. The gall-bladder was resected and drained. The woman made a good recovery.

Case 2—Mr. ———, a lawyer, aged 45, tall, and weighing 180 pounds, suffered for two years with digestive and nervous disturbances; skin became bronzed in color, and he began rapidly to emaciate. In the two years of his sickness he consulted many doctors, and various were their diagnoses. Operation for gallstones found the gall bladder very much distended, and dark in color, 1,015 stones were removed, ranging in size from a small pea to that of the end of a man's thumb. The man made a good recovery.

Case 3—Miss ———, aged 50, had suffered with indigestion, insomnia, and suchlike symptoms, due to gall-bladder diseases, for the last five years. She became suddenly jaundiced, and in this condition was operated on for gallstones. Four stones, each about the size of an English walnut, were together wedged and impacted in the distended gall-bladder. They were removed with great

difficulty, and gall-bladder drained, and the woman made a good recovery.

Case 4—Mr. ———, aged about 42, weighing 180 pounds, has for the last two years suffered from attacks of indigestion, accompanied by severe pain in the region of the gall-bladder. He was becoming more and more yellow after each attack. There was no trouble about arriving at a diagnosis in his case. Operation was done through the outer third of the right rectus muscle. The gall-bladder was quickly located, because of its large size and tenseness. On incising the same, a dark tarry fluid poured out in large quantities. After having gotten rid of this fluid, I proceeded to examine the gall ducts, and located a large stone in the common duct just before its entrance into the duodenum. To deliver this stone was truly a difficult task. It was incarcerated, and after a long and persevering effort, I was enabled to do a choledochotomy. I closed the opening in the duct with Lambert sutures, and drained the gall-bladder with a large rubber tube, and the duct from where the stone had been removed with gauze, following under the rubber tube, and both drains coming out at the upper end of the incision. Notwithstanding the severity of the operation, and the length of time the man was on the table, he reacted beautifully. The duct was patulous, and the bile flowed freely into the bowel. There was never any drainage from either the tube or the gauze, except a little blood-colored serum. He quickly resumed his natural color, and made a good recovery.

Case 5—Mr. F., aged 45, weighing 230 pounds, had been troubled for two years with symptoms of gall-bladder disease, but would not submit to an operation. While at Atlantic City, about two years since, he was seized with a sharp attack of cholecystitis, attended by severe pain and high fever. In this condition he was rushed to a hospital and was immediately operated on. The usual incision for this trouble revealed empyema of the gall-bladder. No gallstones were found, and drainage was established. After about a month, he was enabled to leave the hospital, but the wound never healed. This biliary fistula continued to discharge; at times like a small geyser. Sometimes he would go a week with no discharge, and then the bile would flow in great quantities for several days. At last, growing tired of this condition, he submitted to a second operation, and I found a large stone in the cystic duct,

which was acting as a "ball-valve." I succeeded in removing this with forceps through the opening in the gall-bladder, which was drained. He made a good recovery, and has never ceased to be thankful.

THE TREATMENT OF TYPHOID HEMORRHAGE.*

By Drs. D. W. and Ernest S. Bulluck, Wilmington, N. C.

The type of hemorrhage referred to is not the slight oozing which may occur at any time during typhoid fever, but the profuse bleeding during the second and third weeks. No reference is made to the treatment of the shock resulting from the condition, but merely to the means we have of affecting the actual bleeding point.

Peristaltic Rest: There seems universal agreement that lessened intestinal motility favors clotting. Therefore, physical and mental inactivity on the part of the patient are essential. Water, food, and baths are necessarily discontinued.

There seems little doubt but that the ice bag is of real value. It should be large, and well filled with ice, so that its weight will lessen peristalsis. The application of cold to the skin over the abdomen has a reflex hemostatic action on the underlying structures, in the same way that cold applications to the face inhibit tonsillar bleeding. It has been shown that cold penetrates the underlying tissue for two or three inches, and this promotes the contraction of the reflexed intestinal wall.

Morphine is generally condemned, and its good effect on peristalsis is doubted. Yet no-one who has taken it for colic can believe that those muscular contractions are not lessened by its use. It certainly quiets and reassures the patient as nothing else can. While hemorrhages and perforations do often occur at the same time, careful observation should counterbalance any masking of the symptoms of perforation that could result from the morphine. This drug has its place in the treatment of the hemorrhage, and good will surely come from its use under proper conditions.

Enemas of all kinds have been discarded. Whatever hope was held for their constituents is lost in the increased peristalsis which follows the distension

of the rectum and sigmoid.

Local Remedies at the Point of Hemorrhage: Substances swallowed for their local effect, after they have reached the place of hemorrhage in the digestive tract are no longer used. The small doses of iron, lead, or turpentine; the distance they must go; the large area over which their effect is divided; the quantity of loose blood in the intestines, on which they dissipate their action, all serve to show the futility of such medication. The stimulation of peristalsis by irritation from such drugs, and the lack of clinical support for their use, has rendered them obsolete.

Substances to Increase the Coagulability of the Blood: By increasing the coagulating properties of the blood, we can favorably affect the frequency and duration of hemorrhages. In a large series of cases, those that required more than five minutes for coagulation had hemorrhages in twenty-seven per cent. of the number, against a general average of eight per cent. for the whole series. This seems to show that the fault is more of the blood itself than the chance erosion of an unusually large vessel.

Calcium salts will shorten the time for coagulation in most instances, and its routine use will certainly lessen the frequency of this complication.

Solutions of gelatine will never be widely used; their good effect is doubted. The detail of their preparation and sterilization, and the reactions which sometimes follow their use, lessens the practical value of the remedy.

Recently there has accumulated data favorable to the use of horse-serum to increase the coagulability of the blood.

Adrenalin will in theory and practice produce beneficial results. In experimental animals, it causes vaso-constriction sufficient to blanch the intestinal mucosa. Thus to a great extent it occludes the lumen of those vessels from which the blood must flow. The use of the drug raises the blood-pressure, and is thought by some to thereby increase the hemorrhage. On the contrary, this acts for good, for immediately after the bleeding begins the blood-pressure falls. This fall of blood-pressure is too prompt and great to depend upon the actual loss of blood, and must be nervous in origin. Perhaps some natural protective process brings about this fall of the peripheral blood-pressure, for such would certainly favor coagulation on the surface of the body. Typhoid hemorrhage, however, occurs at an unexpected place, and when

*Read before the Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia, Feb. 18, 1915.

the splanchnic vessels dilate to lower the peripheral pressure, this blood stasis raises the blood-pressure in the intestines, and therefore favors continued bleeding. Adrenalin constricts most of the lumen of these very vessels, and drives the blood into the peripheral circulation, thus lowering the intestinal blood-pressure. Combined with the shrinkage of the blood vessels of the mucous membrane, it acts as our best hemostatic. Clinically, this is certainly borne out, for those patients whose blood-pressure is kept up, more promptly cease to bleed and show less tendency toward recurrence than do those whose hemorrhages are treated by the maintenance of a mild degree of shock.*

The effect of the drug is transient, but having begun, the constriction is continued for several hours, for when there are recurrences they follow at that long an interval. It can, therefore, be reasonably concluded that shock means hyperemia at the center, and stimulants during hemorrhage do not raise but lower the intestinal blood-pressure, thus favoring more than any other measure the coagulation of the blood at the point of hemorrhage; and clinical experience will prove the value of vaso-constriction for intestinal hemorrhage.

TUBERCULOUS HIP: REPORT OF CASE.*

By Theodore Maddox, M. D., Union, S. C.

In this article, I shall not review the literature on the subject, but give a brief history, with treatment and result.

On January 25, 1914, I was called to see C. McE., a boy of four years, who it was thought had fallen from the house portico to the ground below, a distance of probably eight feet.

At this visit, the following record was made:

Family history, good; past history, good.

Present Illness.

Physical Examination: Well developed and nourished; weight thirty-four pounds; pain with tenderness over left hip. Head, throat, heart, lungs, and abdomen—negative. Pupils and reflexes normal. Extremities—an increase of one-fourth inch in length of left leg. Temperature, pulse, and respiration—normal. Urine—normal.

*Read before the Charleston meeting of the Tri-State Medical Association of the Carolinas and Virginia.

January 26 to 30. Rapid decline; on the latter date, the weight had decreased to twenty-four pounds.

January 30. An X-ray exposure was had, showing a decided enlargement of the femoral neck. Immediately following the exposure, the temperature began to rise, and on the following day had reached 101 F. Pulse, 140. Respiration, 50.

From January 31 to February 12, the temperature gradually rose to 103.4-10; pulse, from 140 to 165; and at times it was so rapid that it was impossible to determine accurately its rate. Respiration rose from 50 to 65. Anorexia and profuse night sweats had developed to an alarming degree. At this time the child could be kept only on a feather pillow, and the slightest movement would produce the most excruciating pain.

Treatment: The child was given the usual antipyretics used in this type of disease, but without benefit.

On February 12, the mother, who was a trained nurse, realized that the child would die; therefore consented to the administration of the Wright treatment. The child was immediately given an intramuscular injection of gr. 2-5 mercury succin. On February 16, he was given gr. 1-5, and on February 22, he was given a final dose of gr. 1-10. The improvement was very rapid, and on March 1, there was only a slight enlargement in neck of femur, and a very slight limp when walking. March 15 the X-ray showed that deposit in bone had entirely disappeared. March 30, weight had increased to thirty-four pounds, and child walked without limp.

The child is in good health, twelve months after treatment. Present weight, thirty-nine pounds, which is, I believe, a little above the average weight for a child of five years.

A Routine Practice.

To guard them from the bronchial and pulmonary inflammations to which they are unusually susceptible, many physicians make it a routine practice to put the weak and anemic members of their families on Cord. Ext. 01. Morrhuæ Comp. (Hagee), just as soon as cold and changeable weather sets in. The value of this preventive measure lies in the power of Cord. Ext. 01. Morrhuæ Comp. (Hagee) to make blood and add resistance to tissues.

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EDWARD C. REGISTER, M. D., EDITOR
CHARLOTTE, N. C.

SURGEON'S CLINICAL CONGRESS FAVORS NATIONAL MEDICAL LICENSE.

The Congress of Clinical Surgeons at their recent annual session in Boston adopted a resolution favoring the organizing under federal authority of a national board of medical examiners whose examination and license would be accepted by all the states of the union, and with this, the elimination of the examination and licensing of physicians in the separate states. This action of the excellent gentlemen who compose this very intelligent body of surgeons is interesting to the general mass of the profession in that it merely evinces the really hearty good fellowship spirit developed during the progress of the meeting which made everybody feel that he would like to have everybody else turned loose and free to roam in all the forty-eight medical pastures of this great big union of ours. That's all.

And as such an expression it was very nice and highly proper for the surgeons to feel so happy and get so close together.

Of course it was forgotten in the enthusiasm of the moment, that the national government examination for admission to the army and navy, successfully passed, admits to practice in possibly all the states; and that these boards convene at periodic intervals at points convenient to the young medicos of the nation possessing peregrinating proclivities.

It was also forgotten that all state examinations and licensure of physicians is based on the state's exercise of its "police power"—a power it is hardly probable even a majority of these same gentlemen, once safely back at home and fully clothed in their normal mental habits, would care to see surrendered by their own home states to the general government in return for the small modicum of the occasional convenience of some medical man who essays to wander in other fields. No, brother, the states are not ready for this yet, and in the meantime, the medical men really capable find little difficulty in passing the examinations of the various state boards, and reciprocal relations are each year be-

ing extended between the states which really have anything like a reasonable standard of medical requirements.

RUNNING WATER IN THE HOMES OF RURAL FOLK.

That a very large portion of the homes of farmers are strikingly lacking in facilities for not only making country life more attractive, as well as healthful, is a fact that, regretful as it may be, does not admit of successful contradiction by any one conversant with the situation in the majority of country domiciles. It is also true that the average farmer has given more thoughtful consideration to the matter of having his implements and cultivation methods more up to date than to the vital matter of the health and comfort of his loved ones.

Sanitary endeavor had its birth in the appalling necessities of the city, but in most of them the acuter problems have been worked out satisfactorily, and the rural districts naturally are now coming in for their share of endeavor to better life under all environs.

Pure water in the homes in plentiful supply is, and ever will be the prime essential, the absolutely indispensable first factor in every plan of rural sanitation. Medical men and sanitarians fully recognize this and the public at large are rapidly appreciating it also.

Governor Craig of North Carolina, at the recent state fair in the opening address very wisely made the following observations relative to the subject that are so pertinent they are deserving of circulation among the profession, many of whom in their daily practice have such admirable opportunities to help cultivate the enthusiasm for better water supplies in the rural house. Said Carolina's talented Governor:

"If I were asked to name what, in my opinion, is the most desirable utility of modern life, I would not name the railroad, nor the telephone, nor the electric light, nor the automobile, essential as they are, but I would name running water in the house. This conduces more to cleanliness and health and comfort than any other improvement that modern civilization has brought us. It can be had, too, with little cost. There is not a farmer of moderate means in North Carolina who cannot, with economy, have running water and sewerage in his home, and this would contribute more to the health and comfort of his family than any other improvement. The house fly and the mosquito are deadliest enemies of our people. They can be guarded

against with slight expense. With running water and screens, any home, however humble, can be clean and comfortable and healthy, and the people who live in it will be cleaner, more comfortable and more healthy."

J. H. W.

SUPREME COURT OF NORTH CAROLINA HOLDS X-RAY COMPETENT EVIDENCE.

The Supreme Court of North Carolina in an opinion handed down in October in the case Lupton vs Express Company, an action to recover damages alleged to have been sustained by a heavy truck running into the plaintiff. The principal question upon which the appeal to the highest court was on the competency of the X-ray photographs being competent evidence to submit to a jury.

Justice Allen in the opinion says:

"There is no objection to the description of the jury as disclosed by the X-ray plates. The exception is only to the exhibition of the plates to the jury as there is nothing to show any variance between the plates and the description given by the witness we might dispose of the exception on the ground that the ruling that permitted the jury to see the plates, if erroneous, is harmless. We are however, of the opinion that it was competent to introduce the plates and permit the jury to see them." No error.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The forty-sixth Annual Meeting of the American Medical Editors' Association was held at the Hotel McAlpin, New York City, October 18-19, 1915, under the presidency of Dr. H. Edwin Lewis, of *American Medicine*, New York.

150 members were present representing more than 200 medical journals. The President's address was strong and forceful, emphasizing the potentialities of the modern medical man's influence upon the body politic in a most helpful way in the solution of the many questions daily arising in our increasing social complex.

On Tuesday the Annual Banquet was held, the president being toastmaster. The election of officers resulted as follows:

President: Dr. E. C. Register of the *Charlotte Medical Journal*; First Vice-President; Dr. W. A. Jones, *Journal-Lancet*, Minneapolis; Second Vice-President, Dr. G. Morris Piersol of the *Journal American Medical Sciences*, Philadelphia; Secretary-Treasurer, Dr. Joseph MacDonald, Jr., of the *American Journal of*

Surgery; New York; *Executive Committee*, Drs. C. F. Taylor of Philadelphia, Jno. C. MacEvitt, Brooklyn, and A. S. Burdick of Chicago; *Publication Committee*, Drs. H. Edwin Lewis, New York, Chas. E. deM. Sajous, Philadelphia, Chas. W. Fassett of St. Joseph, Mo., and Robt. M. Green of Boston.

The Association was organized nearly half a century ago by that most distinguished of American medical organizers, the late Dr. Nathan Smith Davis who also founded the American Medical Association about the same time. It includes in the ranks of its more than 200 members the names of almost all the distinguished medical editors of America from Maine to California as well as our loved Southland.

Dr. Register was on the program for a paper entitled, "Experiences in Twenty-five Years of Medical Journalism." Evidently the paper was well received and we understand it was heard with close attention and elicited many expressions of approval. This is no surprise to his Southern friends because Dr. Register is one of the most accomplished and scholarly writers in this section of the country.

To be elected the titular head of this great national association is a distinguished honor to Dr. Register and a compliment to the medical Journalism of the South in the development of which the *Charlotte Medical Journal* has from its incipency taken the liveliest possible interest. The honor of the Presidency has been worthily bestowed, and the compliment is warmly appreciated by his many Southern friends both lay and professional.

J. Howell Way, M. D.

SOUTHERN MEDICAL MEETING AND THE NEGRO.

Two well advertised meetings in which medical men were the leaders and expected to be the chief participants were recently held in a nearly southern capital city.

In the one the program for the exercises was in the hands of a New York city physician, presumably bred in the East and without first hand knowledge of the South, its history, people, customs, peculiarities, and as well its special responsibilities. This program was arranged with the name of a North Carolina negro physician listed as one of the participants, and that, too, without affixing the usual designation "col.", or other indications that the speaker was a negro. In addition the press dispatches a few days prior to the session, called attention to the fact of this negro doctor's being on the program "by invitation of the secretary in New York" and also stated

that he "was highly honored by the invitation."

In the other meeting, also a national association; the arranging of the program was in the hands of a Southern medical gentleman, skilled and eminent in the profession, known to the world of science as a pioneer investigator in a particular field now engaging much professional attention, and a disease with which the negro is also afflicted. This program did not list a negro essayist or speaker, but it courteously stated "negro physicians will be welcomed to seats in the gallery." These facts are called to the attention of the profession with no unfriendly spirit toward the negro physicians, or toward the Eastern secretary who without knowledge, (either inborn or acquired), committed what thinking medical men of the South recognized as an un-called for blunder.

It is a fact known to many Southern sociological workers that the unusual, (in the South), and marked mingling together of the races on programs, and even at social functions of an official character at these meetings, in the South, of a certain and well endeavored organization, has reached a point where leading white men and women say they cannot, and will not, longer affiliate with or attend the sessions of this congress. With this light of experience of the sociological organization, before the promoters of the recent meeting, will they, when meeting in the South, persist in crippling its capacity for usefulness and needed service in a good cause, and a cause where the helpful cooperation of Southern born white physicians is imperatively demanded?

The great mass of the medical profession of the South entertains the kindest possible sentiments toward the negro doctors of medicine, and stand ready at all times to render them every possible aid, but mixed programs or the advertising of such programs are not to the liking of the vast majority of the white medical men of the South, and such meetings will not be largely attended by the very men who especially stand in need of the farther educational development in tuberculosis.

J. H. W.

Editorial News Items.

Mrs. Junius Dix, of Danville, Va., was recently fined \$5.00 and costs for violating the local quarantine regulation. When her physician informed her that her child had diphtheria she decided to take it to her mother's on account of improved environments there. When the

child was first taken ill the house was placarded and when the health officer ten days later called to remove the sign, he found that the child had been removed. Mrs. Dix was immediately summoned to court and the result was a fine of \$5.00 and cost.

Dr. C. B. McNairy, superintendent of the Caswell Training School at Kinston, N. C., is very sanguine over the work he is accomplishing and the future of that institution. According to his report, the outlook is that the farm attached to the school will be a very valuable and necessary department, really an asset to it. The new building that is being built will soon be completed. This will enable him to take about 80 more pupils which will make the total number of persons in the institution over 200. The need of an institution of this kind has been demonstrated. The Doctor has now over three hundred applications on file. It is Dr. McNairy's policy to add new buildings as fast as funds can be secured. It is his plan, no doubt, to be able to demonstrate at the next legislature the benefit that this institution is to the people of our state and secure the necessary funds to properly take care of the institution.

Dr. B. R. Graham who has been practicing medicine for twenty years at Wallace, N. C., has moved to Wilmington, N. C., where he will practice in the future. Dr. Graham recently purchased the very handsome Currie home at Carolina Heights. He is already well known in Wilmington, really he is well and favorably known all over North Carolina. He is a skilled physician and popular with his clientele. Possibly he was the most active practitioner in Duplin county and has enjoyed this honor for several years. On account of his professional ability and his pleasing personality he will quickly build up a large and lucrative practice in Wilmington. This is what is predicted for him.

Dr. G. C. Wingate, of Charlotte, N. C., was married on October 6th to Miss Fannie Bruton, Mt. Gilead, N. C. Dr. Wingate graduated at the North Carolina Medical College in 1915 and is now associated with Dr. Pressley at the Charlotte Sanatorium.

The Greenville County (N. C.) Tuberculosis Sanitarium was formally opened Tuesday afternoon, October 5th. We understand that this Sanitarium is the best one in North Carolina. It is com-

plete for the purpose for which it is intended.

Dr. J. J. Miller was elected president of the Norfolk, Va., County Medical Society in the Assembly Hall of the Taylor Building on October 3rd. This is quite an honor and it fell upon the shoulders of a good man. At this meeting Dr. R. S. Knight was elected first vice-president and Dr. W. P. McDowell secretary and treasurer.

The Roanoke Academy of Medicine at its regular bi-monthly meeting held October 3rd elected officers for the ensuing year. The result of the balloting was as follows: President, Dr. J. R. Garrett; vice-president, Dr. W. R. Whitman; vice-president, Dr. F. T. Brady; secretary, Dr. J. B. Willis; treasurer, Dr. George S. Hurt.

Dr. M. C. Chamblee died at his home in Wakefield, N. C., on October 4th. He was sixty-two years old. Dr. Chamblee was one of the most prominent citizens of his county and was not only successful as a physician but as a business man. In his practice as a physician and as a business man he did countless things that endeared him to his fellowmen and no man in the county was held in higher esteem.

Dr. L. B. Morse and Mrs. Margaret S. Kemper were recently married in Hendersonville, N. C. Dr. Morse is well known in this section of North Carolina and for a number of years has been conducting the Morse Sanatorium in Hendersonville.

The City of Asheville, N. C., recently appropriated \$2,220 for its health department. This was the sum allotted out of the total budget of \$52,320 to manage the entire affairs.

Dr. Geo. A. Hood, of Kenley, N. C., died on October 31st. He was forty-four years old and a physician of prominence. He enjoyed the confidence and esteem, both socially and professionally of his county. At one time he was treasurer of Johnston County and held this office several years in succession. Dr. Hood had been ill for several months, really two or three years prior to his death. The indirect cause of his death was rheumatism, an ailment from which he had suffered for many years. About a year ago he lost his eyesight entirely and con-

sequently the last few years of his life were ones of great suffering. Dr. Hood graduated from the College of Physicians and Surgeons of Baltimore in 1895.

A New Medical Society. At Fredericksburg, Va., on October 19th the doctors of that city and surrounding counties organized a medical society to be known as the Tri-County Society. The physicians in the counties of King George, Stafford, Spotsylvania and the city of Fredericksburg are eligible for membership. Judging from the high class medical men interested in this new organization, we predict for it success. They will accomplish good work we feel sure. The following officers were elected. Dr. W. A. Harris, Spotsylvania, president; Dr. J. N. Barney, Fredericksburg, first vice-president; Dr. H. W. Patton, Stafford, second vice-president; Dr. C. Mason Smith, Fredericksburg, secretary and treasurer.

Dr. Lawrence Bailey, of Coronaca, S. C., died on October 21st. He was a very fine specimen of young professional life. He had built up a practice at his home that was very large and lucrative. His personality was quite attractive and his good friends were numerous all over that section of the Carolinas. Dr. Bailey was found unconscious by his wife and he did not rally. It is supposed that he died from apoplexy though he was only forty years of age. Dr. T. L. W. Bailey of Clinton, S. C., survives him. Dr. Bailey graduated from the Chattanooga Medical College in 1907. A few years ago he decided to take a vacation and joined the United States medical corps. During the time that he was in the navy he made a voyage around the world. He stopped at the Philippines and remained there several months. In his death, South Carolina has lost a good and valuable member of the medical profession.

Dr. R. L. McManus, of Pageland, S. C., on October 7th shot and killed a negro by the name of Houston Taylor. It was stated that the fatal shots were fired after the negro had fired at Dr. McManus several times. The bullet from the negro's revolver went through Dr. McManus' hat. The coroner gave a verdict of justifiable homicide.

Dr. Fletcher J. Wright, of Fork Union, Va., has removed to Danville, Va., to practice medicine. We predict for him a successful career in his new home. He

is recognized as a professional gentleman of the highest character, and is an experienced and skilled physician.

The Nansemond County Medical Society, at a recent meeting held in Suffolk, Va., elected the following officers for the ensuing year: President, Dr. Josiah Leake, Driver; vice-president, Dr. R. E. Parker, Chuckatuck; secretary and treasurer, Dr. A. T. Sheffield, Holland.

Dr. P. S. Schenck, Norfolk, Va., in compliance with the requirements of the city ordinance has appointed as his assistants Drs. A. P. Pannill, C. J. Andrews, George Hancock. The apothecaries and inspectors are now incumbents.

Dr. Lawrence O. McCalla, of Anderson, S. C., was shot and instantly killed by Feaster Jones on October 9th. Dr. McCalla was fifty-two years old, a retired physician, and a very wealthy and prominent farmer of Anderson County. Feaster Jones was a nephew of Mrs. McCalla.

Dr. C. W. Moseley, of Greensboro, N. C., has leased the Valley Hotel of N. Wilkesboro for a period of five years beginning with December first. It is understood that Dr. Moseley will convert this building into a modern sanatorium and will reside in North Wilkesboro for the purpose of operating it. He is thoroughly competent and there is no reason why he should not make a great success of his enterprise.

Dr. Chas. S. Butts, of Newport News, Va., died recently in Oklahoma City, Okla. He was buried at Talbert, W. Va., his former home. Dr. Butts was forty years old and was a brother of Dr. Fleetwood Butts of Charleston, W. Va. He graduated from the University of the City of New York in 1892. He passed the board of medical examiners in 1892, making a very creditable grade indeed. Dr. Butts joined the Virginia State Medical Society in 1910 and was as far as his health would permit, a useful and active member of that organization.

Wilmington Vital Statistics for September. The number of deaths in Wilmington and New Hanover County for September was comparatively small according to the Vital statistics that have been collected by the Health Department. The death rate per thousand inhabitants for the month was, white 10.8, colored

21.1, total 15.5. When a city like Wilmington has its death rate reduced to this it is a very creditable showing for the local health officials.

Dr. Hiram G. Miller, of Charlottesville, Va., died on October 7th. Dr. Miller was ninety-one years old. He was a retired physician and surgeon. During his active professional life he was a very prominent and well known gentleman.

The American College of Surgeons met in Boston, Mass., on October 25th and was in session the most of the week. Over five hundred new members were taken in. Among those in attendance from North Carolina we notice the names of Drs. A. J. Crowell, J. B. Greene, F. B. Griffith, S. H. Lyle, A. M. Parrott, R. B. Slocum, and J. A. Williams.

Dr. J. F. Rhem, New Berne, N. C. and **Dr. Chase P. Ambler**, Asheville, N. C. were elected thirty-third degree masons at the recent session of the Supreme Council in Washington, D. C.

Dr. Albert Anderson, Supt. State Hospital for Insane, Raleigh, N. C., has returned home after an extended tour of inspection of several of the larger institutions for psychopathics in New York and other Eastern cities.

The British West Indies Government is advertising in North Carolina daily papers during the past few weeks for capable young medical men to serve six months or longer in medical service of Leeward Island. The positions afford admirable opportunities for the study of tropical disease, the compensation fair, and the positions should attract ambitious young doctors desirous of seeing something of an interesting portion of the world before settling down for life.

Dr. Hubert B. Haywood, Raleigh, N. C., one of the city's most prominent young physicians, was married in Harrisonburg, Va., October 19th, 1915, to Miss Margaret E. Manor. A honeymoon spent in Canada and Eastern cities being passed the happy couple will be at home at Raleigh, N. C.

The South Carolina Board of Health held its regular quarterly session in the Secretary's office in Columbia, S. C., during the recent triennial conference for the study of pellagra in that city.

Dr. Calvert Brice McKeown died at Chester, S. C. aged 63, October 11, 1915. Dr. McKeown was well and favorably known in medical circles, a former student at Davidson College, N. C., he studied medicine in Charleston and Louisville and for many years was an active practitioner at Fort Lawn, S. C., until ill health forced his retirement three years since.

High Point, N. C., has recently appointed Mrs. R. S. Boyers municipal officer. Winston-Salem, N. C., also has a woman health officer for some months past in the person of Mrs. J. E. Sills.

Dr. J. B. Watson, Raleigh, N. C., has resumed practice after a few weeks post-graduate work in New York City.

The North Carolina State Prosecuting Agent for the enforcement of the vital statistics law is actively at work. In a number of the counties prosecutions of well known medical men and strong undertaking firms are noted, including in the former a former member of the North Carolina State Board of Medical Examiners. When medical men recall the enactment of the vital statistics law was as a result of their activities and continued effort, and that the federal government up to this time has declined to place the vital statistics of North Carolina in those of the "registration area," it is to be expected there will be very few, if any, professional men who fail to make proper returns to the department.

Drs. A. J. Crowell and J. C. Montgomery, Charlotte, N. C., attended the Clinical Congress in Boston, Mass. in October. Also Drs. F. Webb Griffith, E. B. Glenn, E. Reid Russell, and J. B. Greene, of Asheville, N. C., and others.

Dr. Albert S. Root, Raleigh, N. C., has returned to the city after a course of postgraduate study in New York.

Gov. Locke Craig has commissioned Dr. Benj. F. Royall, Morehead City, N. C., Member of the Board of Directors State Hospital for Insane at Goldsboro, N. C., vice Dr. W. E. Headen recently resigned on account of ill health.

Dr. J. A. Hayne, Columbia, S. C., Secretary South Carolina State Board of Health addressed the mayors of Carolina cities on the occasion of their annual convention in Columbia, S. C., October 25, 1915.

Drs. Byrd, Chas. Willis and Edmund S. Boice announce they have taken over the Parkview Hospital. Drs. Battle, Speight, Quillen, and Whitehead it is announced, will continue their connection with the hospital as formerly.

The Summer Babies Hospital of Wilmington, N. C., operated at Wrightsville Beach as an adjunct of the James Walker Memorial Hospital closed October 1st for the season after a very successful summer's work and with a credit to it of having doubtless saved the lives of many city children by the stay at the beach under careful supervision. Another season it is stated the babies' hospital will be conducted as a separate entity and it is hoped will own its building and equipment independent of the Walker Hospital.

The North Carolina State Board of Health has placed a special prosecuting agent in the field who will devote his attention to securing enforcement of the vital statistics laws. Of course in time undertakers, physicians and others will become educated to the necessity of filing their reports of deaths and births promptly, but in the meantime the state suffers by their dereliction, and the health board after careful consideration has placed an intelligent agent in the field who will endeavor to hasten the reporting of vital statistics to an extent that will make the reports show they have been made with at least a reasonable amount of intelligent care. There is no disposition on the part of the Board to make it embarrassing for any one, especially physicians, but it is charged with this responsibility and may not evade it.

Dr. R. L. Holloway a well known physician of Durham, N. C., is defendant in a recent action at law now in the courts instituted by Dr. Albert Anderson, Supt. State Hospital for Insane at Raleigh, N. C., for the recovery of \$720, alleged amount due the state hospital on account of the treatment of the wife of the defendant, an inmate of the state hospital during the past three years. It appears the law of the state has always, provided that indigents should be treated free of expense in the state hospitals for the insane, and this has customarily been construed to afford free care for practically all bonafide citizens unless specially opulent, or offering to pay. In 1900 an action was had in Edgecombe County to

collect a similar account alleged due the state hospital for insane and the defendant guardian was compelled to pay the state for the care of an insane patient. The hospital alleges in its complaint that "the defendant is a wealthy man having acquired property of the value of fully \$20,000.00." The outcome of the case will be awaited with much interest, as the general sentiment both among medical men and laymen in the state has been that the state should care for its insane without expense to the families on whom already a serious burden is imposed.

The Wake County (N. C.) Medical Society offers a prize of \$10.00 for the best baby in the Better Babies' Contest at the North Carolina State Fair at Raleigh, N. C.

The P. L. Murphy Memorial Association, Col. P. M. Pearsall Secretary, New Berne, N. C., has recently issued in attractive cover the various addresses made on the occasion of the presentation of the portrait of the late Dr. Patrick Livingston Murphy to the State Library in Raleigh, and the dedication of the bronze memorial tablet to Dr. Murphy presented to the State Hospital for Insane at Morganton, N. C. The volume is issued in attractive form and contains the various brief addresses by Drs. J. Howell Way, H. T. Bahnson, John McCampbell, and I. M. Taylor, His Excellency Governor Craig, Mr. Justice Hoke of the Supreme Court, the letter of Dr. James K. Hall, a former assistant of Dr. Murphy's at the Hospital, and the beautiful and more elaborate addresses on the life and character of Dr. Murphy by his two former school friends and life long associates and confreres, Drs. Geo. G. Thomas and Richard H. Lewis. The publication was a graceful and fitting memorial of one of North Carolina's most useful citizens and an appropriate remembrance of one of our most gifted medical gentlemen of the generation just passing.

Greensboro, N. C. has inaugurated a system of dairy inspection and publishing from month to month the standing of the respective dairies supplying the city.

Dr. Sam'l. Westray Battle, Asheville, sailed October 14th for England to visit his son, daughter and son-in-law, Col. Mortimer Hancock of the British army who sustained injuries in the campaign of the Dardanelles from which he is now

recovering at his home in England.

The North Carolina State Board of Health has issued a warning to the public relative the unauthorized use of its name in connection with the sale of various and sundry things offered in different communities. It is a fixed principle of the president, and the various members of this state board, not to endorse the many things presented to them from time to time, valuable though they may be, on account of the manifest purpose of manufacturers and vendors to commercialize such endorsements.

The Asheville, N. C. physicians are giving regular lectures on sanitary and hygienic lines to the members of the city police and sanitary forces, and to the boy scouts also.

The Billingsley Hospital, which some years ago became by bequest the property of Statesville, N. C., has been recently leased to Miss Johnson, a trained nurse of Statesville, who proposes to conduct it as a general hospital open to all physicians of the city and county. A portion will continue to be reserved for free beds.

Beginning with the January 1916 Number, The Journal of Cutaneous Diseases including Syphilis, will be published for the American Dermatological Association by W. M. Leonard of Boston. Each number will contain 80 Pages and as far as possible be of interest and value to the general practitioner as well as to the Dermatologist. George M. MacKee, M. D., is the editor of this magazine.

Milton R. Gibson, Jr., the infant son of Dr. and Mrs. M. R. Gibson, Raleigh, N. C., is reported one of the prize winners in the "Better Babies Contest" at the North Carolina State Fair at Raleigh, N. C. October, 1915.

Dr. C. B. McNairy, Supt. State School for Feeble-minded, Kinston, N. C., was severely bruised and suffered minor injury recently by being thrown several feet by an angry bull on the farm attached to the state school.

Dr. L. B. McBrayer, Supt. North Carolina State Sanatorium for Tuberculosis, Sanatorium, N. C., is pushing the sales of the red cross Xmas seals. Arrangements were perfected for placing them on sale November 1st at many points in every section of the state.

Dr. W. S. Rankin, Secretary North Carolina State Board of Health, has returned from visiting Philadelphia and other Eastern cities where he has been studying special features of systems of school inspection work.

Dr. J. T. J. Battle, Greensboro, N. C., has recently contributed a very readable memorial sketch of the late Dr. James A. Turner of that city in which it is stated he discovered that "mosquitos were responsible for the transmission of malaria" eight years prior to Dr. Ross' world famed discovery.

Richmond, Va., Asheville, N. C., and other southern cities are agitating for improvements in coal consumption that their communities may be spared farther contamination of local atmosphere.

Dr. T. N. Jordan, Raleigh, N. C., has returned from Eastern cities where he has been doing special study in the work of school inspection, and will engage in that work for the North Carolina State Board of Health November 1st.

Dr. Davis Furman has been reelected chairman of the Greenville, S. C. board of health.

Dr. E. W. Grover, President of the Huntington, W. Va., board of health has proposed to inaugurate the fashion of abolishing kissing as a common custom under ordinary circumstances, and to substitute therefore the "pat-pat" in which one gently pats with the fingers the cheek of the other. It remains to be seen how very general the proposed sanitary innovation—certainly for the common ordinary everyday kissing so uselessly practiced among ladies when greeting one another, it might well become the accredited fashion. Farther than this, we are not at this time prepared to advise.

Clarence Barker Memorial Hospital—At Asheville, N. C. Mrs. Edith Vanderbilt widow, and W. K. Vanderbilt Executor, of the late Geo. W. Vanderbilt, have recently executed a deed to the Clarence Barker Memorial Hospital for the site now occupied by the Biltmore Hospital and Dispensary. The instrument of conveyance provides the property shall be used continuously for hospital and dispensary purposes for thirty years, otherwise it shall revert to the estate of the late George W. Vander-

bilt under whose patronage the institution was erected several years ago and who was its chief financial support during his lifetime.

Dr. H. W. Purinton, Durham, N. C., has been appointed by the British government to be health officer and student of tropical disease at Leeward, West Indies, and will leave at once for his new post of duty.

The Whole-time County Health Officers of Sampson, Nash, and Pitt counties, N. C., will adopt the school inspection system planned by the State Board of Health and being carried out by the representative of the State Board as one of its "units" of health work in Alamance, Edgecombe, New Hanover, and Northampton counties under Dr. Nebett's wise lead is doing admirable work on this line.

Anti-Typhoid Vaccination—Approximately 60,000 persons in North Carolina were vaccinated in counties where systematic anti-typhoid vaccinations were performed by whole-time county health officers, and in addition the vaccinations done in other counties of the state will send the total anti-typhoid vaccinations in North Carolina, in the summer of 1915 to 100,000.

The United State's Public Health Service has just completed the health survey of Orange County, N. C. The work was done by Dr. L. L. Lumsden and assistant Dr. F. E. Harrington with five additional associates of the service.

Dr. Geo. W. Long, of Graham, N. C., died on October 16th in Statesville, N. C. Dr. Long was sixty-seven years old. His health had not been very good for the last three or four years. During this time he had submitted to several surgical operations in Baltimore, Salisbury and Statesville. His friends had realized for some time that he could not recover.

Dr. Long was born July 15, 1848, near Graham, N. C. He was the son of Jacob and Jane Stuart Long and his boyhood days were very happily spent upon his father's farm. His early school days were spent at Graham High School and Dr. Alex Wilson's Academy. In 1865, though a lad of only sixteen, he was one of the hundred cadets who volunteered at the call of Governor Vance to repel the invasion of Western North Carolina by the forces of the enemy and to do

other military service at Raleigh and Goldsboro.

Dr. Long began to read medicine under his father-in-law and in 1814 he graduated from the University of Pennsylvania and was licensed by the State Board of North Carolina in May, 1817. During his long years of practice Dr. Long has done general work but none the less thorough. From time to time he has attended Johns Hopkins Hospital at which times he did not matriculate but, through the courtesy of the superintendent of the hospital, was permitted to attend any or all the clinics. His activity in his profession extended beyond the scope of his own practice into the Medical Association of his State. His sterling character and superior ability led to his holding the following trustworthy offices: President of the North Carolina Medical Society; president of the Alamance Medical Society; president of the District Medical Society. He was a member of the State Board of Medical Examiners for six years. At these meetings he usually examined on Chemistry. He was for several years, and possibly up till the time of his death, superintendent of Health for Alamance County.

Dr. Long was a member of the Presbyterian Church and his religious life was characterized with the same deep interest and activity as characterized his efforts in his life work. For a quarter of a century he was Ruling Elder in the Presbyterian Church.

He was a member of the Knights of Pythias and he proved his general usefulness in his lodge work as he did in all other respects. During his active life he held most of the chairs and was once elected representative at the State Grand Lodge.

The life of Dr. Geo. W. Long truly exemplifies a sure foundation wrought by the careful training of godly parents, enhanced in young manhood by hard work and faithful service in his profession and at the age of sixty-seven years beautified by a deep love and sympathy for humanity.

The Medical Society of Virginia held its forty-sixth annual session in Richmond, Va., October 26-29.

With more than 500 doctors present Dr. Thomas Murrell, of Richmond, chairman of the general committee, called the society to order in the auditorium of the Jefferson Hotel. The visiting doctors were welcomed to the city by Mayor George Ainslie. His beautiful address

was responded to by Dr. A. L. Tynes, Staunton, Va. The response was appropriate and received great applause. Following this address of welcome by the mayor of the city, Dr. Samuel Lile, of Lynchburg, president of the society, made his annual address. The title of his paper was "Unrest." It was beautifully delivered and exhibited many evidences that the doctor had given the subject a great deal of thought and study. His style of expression was most attractive and he made a fine impression on his audience.

After Dr. Lile's address, reports of the executive council and the various officers and committees made their reports. Following this part of the program, Dr. Jno. N. Upshur, of Richmond, reviewed the history of the Medical Society of Virginia for the past twenty-five years. Dr. Upshur is possibly one of the best known speakers in the medical profession of the Carolinas and Virginia. His address was well received. At its close, the Association gave him a rising vote of thanks. Following this address an entertainment was given by the local committee of arrangements to the visiting physicians and their wives. It consisted of music, dancing and singing. The refreshments consisted of both solids and liquids.

On Wednesday promptly at ten a. m. the meeting was called to order by Dr. Lile, the president. The subject for discussion was "Diseases of the Biliary Tract." It was discussed fully by about six or eight prominent physicians, several of whom were from outside of the state of Virginia.

The afternoon session was called to order at three and remained in session until seven p. m. During this session the regular program was carried out. The discussions were unusually full and valuable. In the evening the society was called to order promptly at eight and remained in session until ten-thirty. From ten thirty to twelve the visiting doctors were entertained at the Westmoreland Club.

On Thursday the three sessions followed the program without any deviation. Some of the papers, really the most of them were of a very high order, but what impressed the writer the most was the fullness and the clearness of the discussions.

On Friday the meeting was attended with no enthusiasm. The excitement of the election of officers on Thursday practically ended the meetings.

On Wednesday, October 27, at one-thirty p. m. the visiting physicians were entertained at an oyster roast or barbecue which was very much enjoyed by hundreds of physicians. At ten-thirty p. m. a roof garden entertainment was given at the Jefferson Hotel.

On Thursday from one to three p. m. clinics were held at the various hospitals. On the same day, Thursday, from five to six p. m. a reception was given by the Governor of Virginia at the Governor's Mansion. At ten-thirty p. m. a reception, supper and dance were given at the Jefferson Hotel.

Medical Colleges. Many times during the meetings there was exhibited evidences that a great sentiment existed all over Virginia among medical men to consolidate all of the colleges of that state into one institution to be located in Richmond which is no doubt the center of all medical scientific activities in this section of the south. The Mayor, in his address of welcome, referred to it. Dr. Stynes who responded to the address also expressed a desire that the medical institutions unite, and possibly half of all the speakers referred to it in some way or another.

Politics in the society were in evidence before the meeting was called to order. Many groups of doctors caucusing were seen in the halls in the hotel lobbies early in the morning and until late at night arranging and perfecting their political plans. Possibly there never was a meeting of the Virginia Society where politics were more in evidence than at this meeting. Really it was sensational in character. Usually the executive council which is made up of one doctor from each judicial district, nominates the officers for the different positions for the coming year and these nominations by the council are presented to the house of delegates and are there voted on. It is a well established precedent that the nominations made by the executive council are elected by the house of delegates. This established custom, however, did not prevail in Richmond.

The fight seemed to be over the presidency of the Association. The council nominated Dr. Chas. V. Carrington, of Richmond along with other nominations for the different offices. When the council made its report to the house of delegates, Dr. Jos. A. White, also of Richmond, was placed in nomination at an open session of the house of delegates and was elected by a majority of over 150. It seemed to be a bitter contest

and some unpleasant feeling evidently existed. The result of it was that the society passed a resolution or created a by-law that no physician could be elected to the high office of president in the future who lived in the city or town in which the meeting was being held. This is a good ruling because any strong man can take his local friends at home and elect himself over a strange man from a distance.

As it occurs to the writer, this controversy over the presidency was not necessary because both Dr. Carrington and Dr. White are well and favorably known, not only in Virginia but adjoining states. Either of them is very worthy of this high honor. The situation is of sufficient interest for me to quote from a Virginia paper:

"Bringing to a close the most sensational political fight ever waged by opposing factions in the Medical Society of Virginia, Dr. Joseph A. White, of this city, nominated on the floor in opposition to Dr. Charles V. Carrington, also of Richmond, who was recommended to the society by the nominating committee of the executive council, was yesterday afternoon elected president of the society by a majority of more than two to one. The vote stood 263 for White and 106 for Carrington.

The bitter contest between the two Richmond physicians for the highest honor within the gift of the Medical Society of Virginia was altogether unique in the annals of the society. During the number of years in which the responsibility of selecting the society's president has rested with its representatives in the executive council the choice of that committee has never failed of ratification by the general body. Its recommendation has heretofore carried such weight as to make it equivalent to an election.

Nearly 400 physicians, augmented by many women and nonmembers of the society, packed the auditorium of the Jefferson Hotel when the hour arrived for action on the annual recommendations of the executive council. For hours the political storm had been brewing, and a tense quietness prevailed while Dr. Thomas W. Murrell read out other recommendations preparatory to announcing the choice of the nominating committee for officers of the society during the ensuing year.

With the announcement that Dr. Carrington was recommended to the society for election to the presidency, Dr. Frank W. Hancock, of Norfolk, arose at once

and, after asserting the right of the society under the constitution to elect whomsoever it pleased as officers, despite the recommendation of the committee on nominations, placed the name of Dr. White before the house. The nomination was warmly seconded by Dr. J. M. Burke, of Petersburg.

Dr. J. Shelton Horsley, of Richmond, then took the floor and in an impassioned speech deplored the sharp political division among the members of the society. 'Gentlemen,' he said, 'this is a serious situation. The committee of the executive council, composed of your representatives, charged with the duty of submitting to you nominations for the various offices in the society, has discharged that duty honestly and fearlessly, and if you reject its nominations you will, in effect, reprimand it for its action and register your votes for the abolition of the executive council.'

'Politics, once the indoor sport of the Medical Society, hasn't played a part in its proceedings for ten years, and, if you inject it now, you might as well call off the scientific program. A reversion to conditions existing before the creation of this committee to handle the nominations for office would be most deplorable, and I sincerely hope you will pursue the only right course and support the committee's nominee.'

Dr. McGuire Newton, a member of the executive council, followed Dr. Horsley. 'I want to explain the unusual situation,' he said, 'that developed in the council. Contrary, perhaps, to the general belief, this game of politics was injected long before the sessions of this society began in Richmond. I found a systematic campaign by mail and otherwise had been in progress for months, and, desirous that politics should have no place here, and knowing the eminent qualifications that Dr. White possesses for the position, I refused to concur in the nomination of Dr. Carrington.'

Dr. John N. Upshur, expressing great friendship for both the rival candidates, deplored the situation that had arisen, and pleaded for support of the council's recommendation in recognition of the principles of fair play and orderly procedure, for which, he said, the society has stood since its inception. 'Don't squeal,' he said, 'because another man is a better politician than you are, and beware of specious argument.'

Prompted by the bitterness injected into the election of president, Dr. J. Allison Hodges introduced the following resolu-

tion, to be acted upon by the executive council: 'Resolved, that section 4, of article 6, of the constitution, be so amended that no member of the society, living in the place in which the society is holding its session, shall be eligible to election to the office of president for a succeeding year.'

I hope it will be interesting to quote from Dr. L. B. McBrayer's address concerning politics in medical societies which he delivered in Greensboro, N. C., last June. It is as follows:

"Politics versus Scientific Papers,—I have heard frequent criticisms of our Society, covering a period of quite several years, to the effect that we were too much given to politics—of the good medical kind, he it observed, however—and to the exclusion of hearing and discussion of scientific papers. Let me offer two observations on this criticism; First, I have never yet seen any organization, political, religious, civic, social fraternal, college, high school, medical, legal, commercial, industrial, agricultural, or what not, composed of men or of women or of both, that was free from politics; nor do I believe that any such organization as ever or will ever exist, not even in the much vaunted commission government, which is the newest fad of our democratic form of government. Second, of there are a goodly number of members of this Society who feel that this criticism is just, it is their duty to do two things: First, prepare and bring to this Society a sufficient number of scientific papers to make a program quite to their taste, and be present in person and read their papers and give to the other scientific papers scientific discussion; and, second, to enter into the politics of this Society and make the said politics conform to their views as to quality, quantity, momentum, and all other specifications desired. Accomplishing their purpose in whole or in part, it then becomes their bounden duty, as it has ever been and ever will be, to combine their energy, intellect, and enthusiasm with the other members of this Society to make of it what it is sure to be—in fact, now is—one of the strongest and best State medical societies extant; one of the most powerful State medical societies known, but one which yields that power only for the good of our noble profession and the good of all our people—the brightest star in the galaxy."

The officers elected for the ensuing year were as follows:

President, Dr. Joseph A. White, of Richmond; first vice-president, Dr. M.

J. Payne, of Staunton; second vice-president, Dr. E. E. Field, of Norfolk; third vice-president, Dr. R. M. Wiley of Salem; secretary, Dr. Paulus A. Irving, of Farmville; treasurer, Dr. Mark W. Peyser, of Richmond; delegates to the American Medical Association, Dr. William E. Anderson, of Farmville; Dr. George W. McAllister, of Hampton, and Drs. Southgate Leigh and L. G. Royster, of Norfolk.

BOOK NOTICES.

Senescence And Rejuvenescence. By Charles Manning Child, of the Department of Zoology, University of Chicago. The University of Chicago Press, Chicago, Ill. Price \$4.00.

After some fifteen years of experimental investigation of the nature and origin of the organic individual, the author of this volume has established certain facts which afford a more adequate foundation for the general consideration and interpretation of the age changes in the organic world than we have hitherto possessed.

The most important result of the investigation is the demonstration of the occurrence of rejuvenescence quite independently of sexual reproduction; and the book differs from most previous studies of senescence in that it attempts to show that in the organic world in general rejuvenescence is just as fundamental and important a process as senescence.

Some of the questions considered are:

1. How do young and old organisms differ from each other, and what is the nature of senescence?

2. Is it a feature of the fundamental process of life or the result of incidental conditions?

3. Does it occur in all organisms or only in the more complex and highly differentiated forms?

4. Does it lead sooner or later to death or is there a rejuvenescence of old organisms or parts possible?

This book I am sure will prove very valuable, even to one who always looks to the practical end of things for anything which helps to give the physician a clearer insight into life's processes must make him a better doctor.

The volume contains about five hundred pages. The illustrations are appropriate. The publishers have produced a beautiful book. Anyone who is interested in this line of thought will be much interested in it. We take pleasure in recommending it.

The Popes And Science—The history of the Papal relations to science by James J. Walsh, M.D., Ph. D., Litt. D., Sc. D. (Notre Dame), K. C. St. G., Professor of Physiological Psychology, Cathedral College New York. Fordham University Press. 110 West 74th Street, N. Y. Price, \$2.00 net.

Dr. Walsh has now added 100 pages of appendixes to the *Popes and Science* and has made it in nearly every way a complete storehouse of authoritative answers to all the objections raised against the *Popes and the Church* on the ground of supposed opposition to science. When his book was originally published men could scarcely believe that anyone would dare to insist that far from the policy of the *Popes* being one of inappeasable opposition to science they were its constant and consistent patrons and benefactors. Dr. Walsh gathered such a mass of facts that as one of the critics said "anyone who now maintains the thesis of papal opposition to science will find his hands full if he attempts to answer this book." The *Evening Post*, said "The author has driven his pen hard and deep into the academic superstition about papal opposition to science." The *Nation* said "Professor Walsh convicts his opponents of hasty generalizing if not anticlerical zeal."

One of the most prominent of English critical journals said if Dr. Walsh had only added a series of appendix documents to this volume he would have made a monumental work in the literature of religious controversy and scientific history. Now a hundred pages of appendixes are added. All the Church decrees supposed to prove a policy of Church opposition are quoted in full and the text shows that they have either been misrepresented or misunderstood by those who quoted them as documents in support of Papal or Church opposition to science. A very full account of the Papal Physicians and their writings amply sustains Dr. Walsh's claim that there is no list of scientific men connected together by any bond in history that is so important as this group of physicians to the *Popes*. No faculty of any university no matter how old its history compares for scientific achievement constantly maintained, with the list of Papal Physicians.

The educated man who now ventures to talk of Church opposition to science without first having consulted Dr. Walsh's book for the facts is almost sure to find himself in the pitfall which has proved so fatal to the reputation for scholarship of many writers of the past generation particularly here in America.

Any University man will be interested in reading this book carefully.

The Practitioners' Visiting List embodies four styles: weekly, monthly, perpetual, sixty-patient. Pocket size; substantially bound in leather with flap, pocket, etc.; \$1.25; net. Lea & Febiger, Publishers, Philadelphia and New York.

The Practitioners' Visiting List embodies the results of long and studious effort devoted to its development and perfection, and is the final result of over thirty years' experience in meeting and anticipating the needs of the practising physician. It is a practical convenience which, once possessed, becomes indispensable to the busy practitioner.

It affords a simple and complete system for keeping the records of daily practice. In addition to the ruled pages for daily calls and their notes, general memoranda, addresses, cash account, etc., it contains specially arranged spaces for data desired for permanent record such as births, deaths, etc. The value of such records is best appreciated by the physician who has been suddenly confronted by the necessity of producing such data after the lapse of years and in the absence of an orderly system for its preservation.

It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated for 30 patients; "Monthly," undated for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "60 Patients," undated, for 60 patients weekly per year.

The text portion of The Practitioners' Visiting List for 1916 contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Printed on fine, tough paper suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, The Practitioners' Visiting List is sold at the lowest price compatible with perfection in every detail.

Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. October, 1915. Published Bi-Monthly by W. B. Saunders

Company, Philadelphia and London. Price per year, \$8.00.

This number in many respects is superior to any of the former numbers. The illustrations seem to be quite numerous and complete. It deals mainly with cancer and cancerous conditions. Anyone who is interested in this subject will do very well to add this book to his literature on the subject.

Diseases of The Skin And The Eruptive Fevers. By Jay Frank Schamberg, M. D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Third Edition, revised. Octavo of 585 pages, 248 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$3.00 net.

We are always interested in anything that Dr. Schamberg writes. He exhibits on most every line his ability to say something of value. He is thoroughly familiar with the subjects that he discusses. We have always reviewed and examined the previous editions with a great deal of pleasure and profit to ourselves.

In the present volume the text has been revised to note the more important advances in dermatology that have been made since the publication of the last edition. The various prescriptions and the doses of medicaments are in this edition given in the metric system as well as in the usual Troy system of measurement. A brief chapter on the value and interpretation of the luetin test in syphilis has been inserted. The chapter on the therapy of syphilis has been rewritten to conform to the present-day valuation of the methods of treatment and the remedies employed in this disease. The discussion of the mild type of smallpox, that most interesting epidemiological phenomenon, has been considerably amplified.

A brief chapter on Rocky Mountain spotted fever has been introduced and a photograph of the eruption inserted. The reviewer feels confident that the revisions and additions as well as the new photographs will increase the usefulness of the book to both the student and the general practitioner of medicine. It gives us pleasure to recommend the volume. While it is invaluable to the specialist, it is equally valuable to the general practitioner.

What to Eat And Why. By G. Carroll Smith, M.D., of Boston, Mass. Second edition, thoroughly revised. Octavo of 377 pages. Philadelphia and London:

W. B. Saunders Company, 1915. Cloth, \$2.50 net.

We examined the first edition of this book with a great deal of interest and profit. It was very cordially received. Its reception was so gratifying to the author that he has been sufficiently stimulated to get out a new edition, which is now before us. In it some accessory chapters have been added.

An entirely new chapter on Exercise has been written, not only because of its importance in causing disease and inviting a recurrence of the same, but also because of the important role it plays in the restoration and maintenance of health. This is possibly one of the most important chapters in the book and we have examined it with unusual interest.

A complete new chapter has been added on Rheumatism. Dr. Smith has added this chapter because he has gained new knowledge of this subject. The different affections of the stomach have all been rewritten and greatly enlarged and many other chapters have been increased and brought thoroughly up to date. Some tables and typographical errors have been corrected.

Dr. Smith has had an immense amount of experience. He is thoroughly familiar with his subject and has given the profession a book that is of great value. We recommend it.

Text-Book of Pathology. By Alfred Stengel, M.D., Professor of Medicine, University of Pennsylvania, and Herbert Fox, M.D., Director of the Pepper Laboratory of Clinical Medicine, University of Pennsylvania. Sixth Edition, Reset. Octavo of 1045 pages, with 468 text-illustrations, many in colors, and fifteen colored plates. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$6.00 net, half morocco, \$7.50 net.

We have reviewed the first five editions of this work. Dr. Stengel is a splendid writer. He has in this volume given the medical profession possibly the most valuable work now in the English language on the subject. His style of writing is attractive. He exhibits in every paragraph evidences that he is thoroughly acquainted with the subject with which he is dealing.

In the preparation of the sixth edition of this text book he has had the cooperation of Dr. Herbert Fox who, according to the author, has rendered very valuable assistance. It is the intention of Dr. Stengel hereafter to get out further editions under joint authorship.

In order to bring the work fully up to date it was necessary to make extensive

changes and revisions throughout the volume. In the first portions, devoted to general pathology, the sections on Inflammation, Retrogressive Processes, Disorders of Nutrition and Metabolism, General Etiology, and Diseases due to Bacteria have been very largely recast or almost wholly rewritten.

A new section on Transmissible Diseases has been added, the Terata have been incorporated with a brief synoptical chapter on Teratology; the Glands of Internal Secretion and their pathology have been made the subject of a separate chapter; and new sections on the pathology of the eye, ear, and skin, brief and general in scope, but, we hope, sufficient for a work of this character, have been added.

Dr. Stengel considered it best to omit the chapter on Technic which formed a part of previous editions because the necessary brevity of such a chapter deprived it of practical usefulness. In the former editions the chapter on Diseases of the Nervous System occupied a disproportionately large part of the book. Therefore, Dr. Stengel has curtailed much of this matter. Numerous revisions have been made in other sections and chapters of special pathology where advances in knowledge have required such alterations. The value of numerous illustrations has been recognized. More than one hundred in black and white or colors have been added by reason of the liberal policy of the publishers. The whole work has been reset and appears in a new and greatly improved form. We congratulate Dr. Stengel on this great work of his.

My comments on this book would be incomplete if I did not mention the quality of the 468 beautiful illustrations. The tendency nowadays is if a book is not appropriately illustrated, its value is greatly lessened.

The Next Generation. By Frederick A. Rhodes, M. D., President, Economic and Sociological Section, Ex-President and Ex-Secretary, Eugenic Section of the Pittsburgh Academy of Science and Art; Chairman Pittsburgh Morals Efficiency Commission. Boston: Richard G. Badger. Toronto: The Copp Clark Company, Limited. Price \$1.50.

This is a study in physiology, a problem in philosophy and a question in sociology and a lesson in theology. It is not a compilation of sex talks to boys and girls. The author presents both sides of every argument before giving his conclusions. Birth plays a great part and opportunity a greater. Man is a great composite of his

many ancestors. His actions are largely determined by society and social demands. Poverty is not the only cause of crime, vice and degeneracy. Would the world be better and happier were there no want and suffering? Energetic treatment is given to the diseases of society due to many accepted conventionalities. There are now three solutions offered by writers to explain man's nature and, as a result of his actions, the conditions of society. (1) a man is what he is on account of parentage; (2) a man's actions are determined by his heredity plus his environments; (3) man has been predestined to be what he is. The author takes the second view and shows the duty of parents and the responsibilities of society; this is real practical eugenics. Dr. Rhodes is thought by many of us to have a firmer grasp of the problems resulting from commercialized vice than any man in America.

To anyone who is interested along this line of thought, "Does Blood Tell?" this book ought to be of very great value, especially those who are interested in eugenics from all of its standpoints.

How to Live. Rules for Healthful Living Based on Modern Science. Authorized by and prepared in collaboration with the Hygiene Reference Board of the Life Extension Institute, Inc. By Irving Fisher, Chairman, Professor of Political Economy, Yale University and Eugene Lyman Fisk, M.D., Director of Hygiene of the Institute. Funk and Wagnalls Company, New York and London. 1915. Price \$1.00.

It may be well claimed that the care of individual and family health is the first and most patriotic duty of a citizen. Public Health is the foundation on which reposes the happiness of the people and the power of a country. The care of the public health is the first duty of a statesman.

The purpose of this book is to spread knowledge of Individual Hygiene and thus to promote the aims of the Life Extension Institute. These may be summarized briefly as: (1) to provide the individual and the physician with the latest and best conclusions on individual hygiene; (2) to ascertain the exact and special needs of the individual through periodic health examinations; (3) to induce all persons who are found to be in need of medical attention to visit their physicians.

To most people "to keep well" only means "to keep out of a sick-bed." Hitherto, the subject matter of hygiene has been considered in its relation to disease rather than to health. In this manual it is treated

in its relation to (1) the preservation of health; (2) the improvement in the physical condition of the individual, and (3) the increase of his vitality. In short, the objects of the manual are positive rather than negative. It includes every practical procedure that, according to the present state of our knowledge, an athlete needs in order to make himself superbly "fit," or that a mental worker needs in order to keep his wits sharpened to a razor-edge.

The Health-Care of The Child. His Diet—Hygiene—Training—Development and Prevention of Disease. By Louis Fischer, M.D., Author of "The Health-Care of the Baby," "Infant Feeding in Health and Disease," and others. Attending Physician in Charge of the Babies' Wards of Sydenham Hospital, and to the Willard Parker and Riverside Hospitals, etc. Funk and Wagnalls Company, New York and London. 1915.

I have examined this book with a great deal of interest. It contains a wonderful amount of very fine practical knowledge, a knowledge that is upbuilding and applicable. The information given in it is the kind that declares dividends.

The volume is a practical treatise dealing with the prevention of disease, the development and growth of the body, gymnastics, nutrition and special forms of diet for weak children, catarrhal, communicable, and systemic diseases, also skin affections, miscellaneous diseases; diseases of the nervous system, emergencies and accidents, etc. This book is adapted as a guide to the mother and nurse and offers suitable advice until the physician can be reached.

Every physician and nurse and every officer on boards of health should read it.

Price \$1.25.

Diseases of The Nose And Throat. By Algernon Coolidge, M.D., Professor of Laryngology in the Harvard Medical School. 12 mo. of 360 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$1.50 net.

The object of this book is to guide the student and the practitioner of medicine in his clinical work by giving him a ready reference to the important details of examination, diagnosis and treatment of the upper respiratory tract.

A small manual is no longer able to contain all the information which the student must occasionally seek in books of reference, but it should be useful in presenting the different subjects in their proper perspective. With this in view, es-

established facts and well-authenticated theories have been accentuated, and as far as possible unproved statements and superfluous treatment have been avoided. The anatomy and physiology of the different regions are briefly reviewed as far as it is important to bear them in mind in examination and treatment. The etiology and pathology of the different diseases are somewhat fully taken up when they are of practical importance or theoretical interest.

There are many things which can only be learned by clinical experience, but also much that is overlooked if this practical work is not accompanied by a reasonable amount of didactic study. The examination of patients, the choice of instruments and the technique of operations vary so much in detail in different clinics and with different operators, that the student should expect to get only general principles from his text-books.

To become skilful his training must be with patients, but to acquire good judgement in the interpretation of symptoms, and in the question of operation in doubtful cases, the subject must be studied from all sides.

For this reason considerable space is given to arguments for and against the more common operations, and other methods of treatment.

The illustrations are intended to help the text in places where a diagram can be used to make a point clear. Cuts of instruments have been almost entirely omitted, because the student seldom lacks the opportunity of a much better study of them in a clinic or in the catalogues of manufacturers.

For a book of 360 pages and for the purpose for which it was written, we know of no better work than this. It is certainly right up to date. We hope that it will find its way into the office of every specialist in the country. We take pleasure in recommending it.

Principles And Practice of Obstetrics. By Joseph B. De Lee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School. Second edition, thoroughly revised. Large octavo of 1087 pages, with 938 illustrations, 175 of them in colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$8.00 net; Half Morocco, \$9.50 net.

When we had the pleasure of reviewing the first edition of this work on Obstetrics we thought the author had left nothing sufficiently defective to ever warrant a revision. Now the second edition is before

us and we do not hesitate to say that it is in our opinion the best work on the subject with which it deals published in the English language. We can hardly imagine how a work of 1087 pages could contain 938 illustrations and 175 of them in colors. The completeness of the work is a marvel.

Dr. De Lee is a master in his line. His writings can not be more clear or more attractive and his conclusions can not be more logical. Only two years have elapsed since the first edition appeared. The second edition has been subjected to a most rigid, painstaking revision and every chapter has been brought up to the date of going to press. Considerable new matter and numerous new illustrations have been added but though the book was already large it was felt that nothing could be omitted. By using thinner paper, however, the volume was actually reduced.

The chapters on the Abderhalden pregnancy reaction, on "twilight sleep," on "dry labor," labor in old primiparae, blood-pressure, and extraperitoneal cesarean section were much enlarged.

Most of the new illustrations were done by Felix Eisengraber, of Munich, Germany, and he also redrew twenty-seven of the older ones. As before, and notwithstanding the friendly critical suggestions of several of the reviewers, rubber gloves are omitted from most of the drawings. The artists complain of their splotchy appearance and lack of detail, which hinders the expression of action so necessary in depicting operative procedures. That the author considers rubber gloves essential for aseptic work has been sufficiently emphasized in the text.

It is useless for the reviewer to recommend this work. Dr. De Lee's name and the fame that the first edition brought him are sufficient recommendations for the second edition.

Minnie's Bishop And Other Stories. By G. A. Birmingham, Author of "General John Regan," "Spanish Gold," "The Lost Tribes," etc. Hodder and Stoughton. New York: George H. Doran Company.

Minnie in "Minnie's Bishop," is a very modern young lady, quite advanced in her ideas, with a taste for cigarettes and risque novels, and such things and she takes upon herself the task of capturing a missionary bishop. She does this very easily and through sheer audacity.

Another good story is "Sonny" the story of an Irish lad who went to America and whom his mother thought the greatest man in the world. It is a pathetic story tale of a broken man who came home to die but

kept up his deception to his mother through the aid of a priest.

Mr. Brimingham's stories are most of them Irish in flavor, they are the work of a humorist of first water in whose striking effects there is nothing of the slapstick. His choice of material is equalled only by his treatment of it.

Price \$1.20.

Collected Papers From The Research Laboratory of Parke, Davis And Company, Detroit, Michigan. Dr. E. M. Houghton, Director. Reprints—Volume 3. 1915.

This is a paper bound volume of 341 pages. It contains many appropriate illustrations. The papers are very interesting and up to date in every respect. I have enjoyed looking over the volume and expect to go over it more thoroughly in the near future.

The Medical Clinics of Chicago. September, 1915. Volume 1—Number 2. Published Bi Monthly by W. B. Saunders Company, Philadelphia and London. Price per year \$8.00.

We have just received this number of the Medical Clinics of Chicago. It is very interesting indeed, and contains articles by Drs. Abt, Goodkind, Hamburger, Hamill, Mix, Preble, Pusey, Tice and Williamson.

Sleep And Sleeplessness. By H. Addington Bruce. Author of "Scientific Mental Healing," "The Riddle of Personality," etc. Boston: Little, Brown, and Company. 1915. Price, \$1.00.

In this volume contrasting theories of sleep are presented with emphasis on some recent experimental studies that are of great practical as well as theoretical importance. Such questions as "What makes us sleep?" "How many hours of sleep do we really need," etc., are asked and answered. The state of the mind in sleep is carefully examined from various points of view. Finally the ever-urgent problem of insomnia is taken up, its manifold causes reviewed, and the most approved modern methods of treating it plainly stated.

This is an important subject and is interesting to study. It is of especial interest to those who are interested in scientific mental healing. Certainly the matter in this volume exhibits many evidences that the author has devoted much time and study to the scientific subject of sleep and sleeplessness. We recommend the book.

A Campaign Against Consumption. A collection of Papers Relating to Tuber-

culosis. By Arthur Ransome, M.D., F. R.C.P., F.R.S., Hon. Fellow of Caius College, Cambridge; Consulting Physician to the Manchester Hospital for Consumption, and to the Bournemouth Hospital; Late Professor of Public Health to Victoria University and Examiner in Sanitary Science and Public Health to Cambridge and Victoria Universities; Milroy Lecturer to Royal College of Physicians (in 1900) Cambridge; at the University Press. 1915.

Dr. Ransome is recognized as one of the most conspicuous and accomplished men in the medical profession. He states that he has been engaged in fighting against consumption for more than fifty years and that he has been urged to republish in book form some of his writings which deal with the subject from a public health point of view. In the present volume that is now before us Dr. Ransome has brought together a number of papers relating to tuberculosis. Most of them have been read before various societies such as the Royal Society, the Epidemiological Society, the Sanitary Institute and the National Association for the Prevention of Tuberculosis, etc., and have appeared in their Transactions or in medical journals. Others again have been separately published, but are now out of print. At the present time much attention is being given to the prevention of the disease and the papers are now, therefore, reprinted, partly as a contribution to the history of the movement, but mainly in the hope that they may still help in the furtherance of the object.

As stated, Dr. Ransome entered into the campaign against consumption as early as 1860 when he was able to start in Manchester and Salford a weekly Register of all new cases of certain diseases of which Phthisis was one. Under the direction of a local Sanitary Association, he was able to secure the willing help of about thirty contributors and returns of Phthisis, as well as of other diseases, were made with the greatest regularity for more than twelve years, and thus enabled the Medical Officer of Health to note any special incidence of the different diseases. They were also analysed by Dr. Ransome himself in papers to the social Science Congress and other kindred societies.

There is good reason to believe that these Weekly Returns were not merely the fore-runners but actually the incentives to the more complete "Notification of Disease" that has been established in recent years.

Perhaps they may be counted as contributing to the storage of facts which led to the more active "Campaign" as also may

be other works on Stethometry and Prognosis in Lung Diseases, but the first of the more militant Papers, a Health Lecture on "Foul Air and Lung Disease," was published by the Manchester and Salford Sanitary Association in 1876.

In this volume there are twenty-two papers and they are divided into four sections. In each section they are placed in chronological order.

The papers in the first section are mainly practical in character; the second deals with the conditions of infection by Tubercle; the third contains original researches; and the papers in the fourth are for the most part statistical in character.

Owing to the similarity of the subjects in these several series of papers there is necessarily some repetition but Dr. Ransome has tried to minimize this defect as much as possible by omitting several papers, especially those dealing with conditions of infection.

The book contains 265 pages. Many of the papers that appear in this volume are of very great value. The book as a whole ought to be read by every physician who is making anything like a special study of tuberculosis in its various forms.

What is Back of The War. By Albert J. Beveridge. Illustrated with photographs. Indianapolis: The Bobbs-Merrill Company, Publishers. Price, \$2.00.

Senator Beveridge went to Europe to find out, as far as one man might, the condition of the great powers at war. To help him to do this the several governments extended exceptional opportunities through their civil and military authorities.

He went into the trenches and among batteries in action. He saw battles. He visited hospitals, prison camps, and captured territories. And he tells what he saw there.

To get at the thought behind the war in Germany, in France, and in England, however, was his chief object. So he interviewed men and women in many walks of life,—administrators, authors, philosophers, socialists, capitalists, laborers, peasants,—and set down their views with care. The conversations with representative men of these countries occupy several chapters and are likely to attain permanent historic significance.

"What is Back of the War" presents to Americans a new aspect of the War: and provides them also with authentic data on which to base judgment of motives, and morals, and from which to estimate present resources, and forecast the outcome.

Many of the chapters of this book are

chiefly made up of articles that in condensed form appeared in Collier's Weekly, the American Review of Reviews and The Saturday Evening Post.

It is the reviewer's belief that this book would interest anyone who is interested, and all of us ought to be, in the causes that led up to this great war, the greatest war that the world has ever known.

X-Rays: How to Produce and Interpret Them. By Harold Mowat, M.D., Edin., Temporary Lieutenant, R.A.M.C.; At present Officer to X-ray Department Meerut Indian General Hospital, etc. New York: Oxford University Press. 1915. Price \$3.00.

This book is written for those who have little or no knowledge of the X-ray. It has been the author's aim to state elementary facts in such a way that the student or practitioner who reads the volume may be able, when he has finished, to feel that he has at least a good general idea of this branch of medicine.

The chapters on the thorax and digestive tract have been placed before those on bones and joints, because they have received so much recent study that the future importance of Radiography is largely bound up with them.

The subject of Therapeutics has not been considered, as it is now so large and important a branch that it merits a complete volume for itself. Owing to the fact that the author is on service, it has been difficult to lay hands on books or articles for reference and for any inaccuracies in consequence the indulgence of the reader is asked.

The book contains 204 pages and is appropriately indexed. It makes a nice little volume. The illustrations are not so good as would be expected in a book of this kind. We doubt if they are as good as many we see in our recent surgical works, certainly they are not as good as those we see in Murphy's Clinics. At any rate the reviewer is not well enough informed or his ideas are not sufficiently artistic to criticise intelligently this part of the book. We take pleasure in recommending it. Certainly anyone interested in X-ray work ought to read it.

Modern Biologic Therapeutics. A Concise and Practical Treatise on Biologic Products for the Use of Practitioners in the Modern Application of Immunology to Therapeutics. Illustrated. New York Medical Department of the Lederle Antitoxin Laboratories. 1915.

The object of this book is to furnish the

busy practitioner with an outline of the historic development of medicine; to give him many important facts which may be of use to him in his professional work or which may be desirable for him to know as a part of his medical education; and to provide him with a handy reference compendium on vaccine and serum therapy.

In submitting this work to the medical profession, our aim has been to state concisely and accurately the present understanding concerning the clinical application and value of immunology; and to present the subject in such a manner as to be of the most assistance to the practitioner.

The scope of this little volume is not intended to embrace a complete description of all biologic preparations used in the practice of medicine; but only such products as are in general use. An enormous amount of literature pertaining to biologics has accumulated, but no attempt has been made in this book to record all the literature references on the subject. Only a few of the more recent and important references have been cited.

The book contains about 330 pages. It is very well gotten up. The index is complete. There is no necessity for this kind of a book to have illustrations although they are fine. Koch's Harvey's and Jenner's photographs are beautiful. Pasteur and Ludwig have good likenesses reproduced and also other men of like prominence, for instance, Huxley, Darwin, Lister and Ehrlich.

Anyone who is interested in this kind of literature will not be disappointed to purchase this book. We recommend it.

A New American Materia Medica.

We are glad to make the announcement that Dr. Finley Ellingwood has rewritten his very popular work on *Materia Medica and Therapeutics*; has, in fact, incorporated all the best of that work in a new work, which he has entitled *Ellingwood's New American Materia Medica, Therapeutics and Pharmacognosy*.

For the past fifteen years Dr. Ellingwood has probably received as high encomiums for the practical truths in drug action, resulting from his own and other investigations, which he has brought out in his *Materia Medica and Ellingwood's Therapist*, as any other writer on this subject.

The cordial reception of his first work, in fact the urgent demand that has grown for this book, has caused Dr. Ellingwood for the past two years to carefully scan every statement of his first book, omitting unnecessary and unproven, and including

everything practical and valuable in drug application; studiously considering every new suggestion from all the schools of medicine, weighing them carefully and introducing them, with new Eclectic vegetable remedies, and new provings of these remedies, especially all those of American origin, into this work. This book treats of the *indigenous American remedies*. It treats of our own observation and discovery in drug application, and American methods in the treatment of diseases, believing as we all do that *American Medicine* is fully sufficient for the demands of American physicians.

By this thorough revision and advanced writing, this book becomes now the only new complete work on the application of vegetable remedies before the profession, the very latest work on *Materia Medica and Therapeutics* of any character. This book is so produced, in order to stimulate the profession to patronize home methods, and to assist in the development of a complete system of *purely American Medicine*, and to prove to the total profession the complete efficiency of American specific medicines and specific methods. The book will be ready in October.

The price of this book is \$5.00. Address, Ellingwood's *Materia Medica*, Evanston, Illinois.

The Suffrage Defeat in New Jersey.

The suffrage leaders had regarded their prospects as decidedly better in New Jersey than in New York, Pennsylvania, or Massachusetts. They were glad, therefore, that the New Jersey election came first,—being set for October 19, while the others fell upon the regular November election day. Great was their elation when President Wilson (who keeps his voting place at Princeton, N. J.) decided to cast his ballot in favor of the suffrage amendment. This announcement was not made until October 6, and naturally enough the cynical were inclined to disparage. President Wilson had been so firmly opposed to the movement of the suffragists in favor of an amendment to the national Constitution, that the least he could do, so said the critics, was to vote in the affirmative when the question came up as a State issue in New Jersey. Secretary Garrison, who votes as a Jerseyman, also came out in a good-tempered statement to the effect that he could see no great harm in woman suffrage and was going to vote for it; while the Secretary to the President, Mr. Tumulty, who votes in Jersey City, had led the way by making

his announcement well in advance of the others. The "antis" sneered more or less gently at all this, and reminded one another that the pins had been set up for Mr. Wilson's renomination, and that in view of the fact that several million women in the Western States have the vote, no candidate of any party could go on record as this year opposing suffrage in his own State. Nevertheless, the "suffs" were greatly enheartened. And the beautiful weather of mid-October witnessed in New Jersey the liveliest suffrage campaign in the history of the United States. Thus, up to the 19th.

On the morning of the 20th it was found that nearly 327,000 votes had been cast in New Jersey, of which 135,800 were for the amendment and 190,800 against it. The number of votes cast for all candidates in the Presidential election in New Jersey, three years ago, was 432,500. Every county in the State gave a clear adverse majority, except one, and its vote is the smallest of any. So great a change as woman suffrage would bring about in an old, conservative, and densely peopled State like New Jersey might be expected to require a number of years of consideration before finding a majority ready to try it. All things considered, the suffragists made a remarkable showing. Since they are much in earnest, they have ample ground for their determination to try it again a few years hence. From "The Progress of the World," in the American Review of Reviews for November.

Miscellaneous.

FRICITION AND ITS ANTIDOTE.

Strange as it may seem, there is one subject of considerable importance to the physician, (and to his patient), that is too often overlooked or underestimated by him.

That subject is Friction and what may be termed its antidote—Lubrication.

Physiologically considered, Friction is, as a rule, malign in character. Nature takes means to prevent it.

The pleural and pericardial fluids form typical examples of natural lubricants. So is the synovial fluid in the joints and the mucus secretion of the intestinal tract.

Malign friction is caused by the passage of sound or catheter, stomach tube or speculum, cystoscope, the examining finger—or any other "instrument of penetration."

Is it exaggeration therefore, to state that the subject is of practical importance?

Nature is wise. Her methods are well chosen. Her means are worth imitation. Man employs lubrication, commonly in the form of oil or grease. Nature never does so. She employs oil or grease for *protection*. In fine machinery the real action of oil or grease is to protect the parts against wear and tear rather than lubrication, as the term is commonly used and understood.

Hence it is rational to look for the ideal lubricant for instruments of penetration, elsewhere than among the oils and different kinds of grease. For the essential property required for such lubrication is "slipperiness." Such property as is possessed to a high degree by certain vegetable substances of the mucilaginous class. Practical recognition of these facts led to the evolution of "K-Y" Lubricating Jelly—"The Perfect Surgical Lubricant," as some have called it.

"Perfect," not only because of its property of slickness or "slipperiness" but also because it is water-soluble, it can be quickly and easily removed from instrument or finger by rinsing in water. Furthermore, it does not soil or stain dressings or clothing—an important advantage from the patient's point of view.

"K-Y" Lubricating Jelly is transparent, used on the "scope" of any kind, it will not obscure light or vision.

It is convenient to use, having only to be squeezed from the tube, and economical, since only enough for immediate use need be employed—the rest is uncontaminated.

"K-Y" Lubricating Jelly is also an ideal agent for keeping the surgeon's hands smooth, to prevent bichloride rash, to "improve the feel."

It is also unrivalled for use as a protective and soothing application to burns, abraded surfaces, ivy poisoning, and the skin in measles, scarlatina, etc.

Owing to its greaseless character "K-Y" Lubricating Jelly is unsurpassed as a vehicle for causing drugs to be absorbed promptly and thoroughly by the unbroken skin. Its action is the reverse of oils and greases, which interfere with absorption. (This is taken advantage of in the form of "K-Y" ANALGESIC, for the relief of headache, neuralgia, rheumatic pain and all painful affections, especially when not of an inflammatory character.)

Another form of malign friction is met with in certain kinds of constipation, when there is a deficiency of mucous secretion, or abnormal dryness of the bowel contents, or interference with or delay in the passage of the fecal content through the canal. Friction so induced, results in wear and tear upon the intestinal mucosa, interference

with peristalsis, consequent stasis and resultant autotoxemia.

Mechanical lubrication of the intestinal canal as a therapeutic measure, has of late attracted wide spread attention and been largely employed.

Mineral oil is absolutely harmless if sufficient care be taken in its manufacture. This point is important. For, it may produce, if not absolutely pure, certain unpleasant symptoms such as nausea, regurgitation and flatulence—due to sulphur compounds in oils that have not been freed from such impurities.

More serious still, is the fact that "lighter (unsaturated) hydrocarbons" present in any but ultra-refined oil, may induce serious kidney irritation, a point that is often entirely overlooked.

"Interol" is an absolutely pure oil.

It is ultra-refined and purified.

The ultimate processes necessary to guarantee absence of sulphur compounds or lighter hydrocarbons have been carried out to the absolute end.

This adds to the cost of manufacture and explains as well as justifies the higher price of "Interol."

It also guarantees and assures its quality. And it insures both patient and physician against harmful effect or disappointing results.

"Interol" is absolutely without flavor or odor, even when heated.

It has the proper body and correct viscosity.

Hence it may be depended upon to give results in properly selected cases and when properly prescribed. Physicians are welcome to samples of the twin lubricants, "K-Y" and "INTEROL."

Venarsen a Product for the Treatment of Syphilis.

It is a sterile solution representing 5 Gm. of an organic arsenal compound, together with mercury and sodium iodide.

It is also used in Pellagra.

Why you should use Venarsen—

It possesses superior spirochaetocidal power in the treatment of syphilis.

Its low toxicity insures safety in administration, and permits protracted use where necessary.

It presents ingredients to the blood in the most acceptable form.

The response following its use is prompt, as it enters the circulatory system direct and immediately becomes effective.

Its technic is very simple—break ampoule at nick, draw contents into syringe and inject.

It retains all its properties permanently; it is sealed in a glass ampoule, ready for instant use.

The patient is free from reactions or after effects of any kind.

We manufacture sterile solutions exclusively.

Our laboratories are completely equipped for compounding, sterilizing, filling and shipping these products, which are as safe and as nearly perfect as it is possible to obtain.

Our booklet, "Direct Medication," sent to any physician on request.

C. TANGHE,
Distributor Intravenous Products Co.,
Atlanta, Ga.
ad-6-16

Operative Gynecology. By Harry Sturgeon Crossen, M.D., F.A.C.S., Associate in Gynecology, Washington University Medical School, and Associate Gynecologist to the Barnes Hospital; Gynecologist to St. Luke's Hospital, Missouri Baptist Sanitarium and St. Louis Mullanphy Hospital; Fellow of the American Gynecological Society and of the American Association of Obstetricians and Gynecologists. Seven Hundred and Seventy Original Illustrations. St. Louis: C. V. Mosby Company, 1915. Price \$7.50.

This volume that has just been received is unquestionably one of the most valuable and attractive books that has ever reached this office. It has, as stated on its title page, seven hundred and seventy illustrations. Consequently it contains more beautiful illustrations than any volume that has ever been published in this country that touches upon surgical subjects alone.

The book contains six hundred and seventy pages and is fully and thoroughly indexed. The paper on which the illustrations and text are printed is heavy, highly polished white enamel, the most expensive that can be bought. The artistic work displayed in these illustrations is remarkably well executed. They show the accomplished touch of the photographer etc., through the hands of the engraver and the printer until they appear in the volume so complete and so beautiful.

The book is devoted exclusively to operative treatment. Dr. Crossen's endeavor has been to present this fully in all its bearings—the technique of the various operations, the difficulties likely to be encountered, the indications for operating in the various diseases and the

selection of the exact form of operative procedure best suited to the particular case. The author deemed it necessary to exclude all extraneous material such as operations on adjacent organs and the details of the general surgical technique.

Dr. Crossen thinks, and we agree with him, that the time is ripe for a systematic investigation of the various operative procedures of the treatment of each gynecological lesion. Gynecologic surgery is entering a new stage of development. The past may be designated the period of invention of methods. To such an extent has this been carried that for the treatment of urinary displacements alone more than one hundred operative procedures have been devised. The new stage of development, the writer says, may be designated as the period of adoption of operative methods to the exact pathological conditions present in the individual patient. This period of development according to Dr. Crossen is as important as the preceding one, perhaps more so when considered from the standpoint of lasting benefit to the patient.

The reviewer has a decided inclination to add several paragraphs to this description of the book but what has already been said will be sufficient to induce those of the medical profession who are interested in this line of work to examine the book for themselves. It is the best book of the kind that has every been received in this office.

ad-12-15

The American Society for the Study of Alcohol And Other Narcotics

will hold its 45th. annual meeting at Washington, D. C., December 15th and 16th., 1915.

This was the first society of medical men in the world, to take up the scientific study of alcohol and other narcotics. Its papers and transactions have been published in the *Journal of Inebriety*, and comprise the first scientific literature on this subject.

Thirty-one papers will be read at this meeting by specialists and distinguished medical and scientific men. These studies will be confined exclusively to the effects of alcohol on the brain and body, based on laboratory experience and clinical observations.

The Public are cordially invited to be present. Programmes can be had by addressing the Secretary, Dr. T. D. Crothers, Hartford, Conn.

The Constipation Problem.

It is perhaps a conservative estimate that three out of every four individuals suffer in greater or less degree from constipation. The proportion so afflicted is certainly much greater than it was forty, thirty or even twenty years ago, this abnormal condition being commonly attributed to our so-called higher civilization. Lack of exercise probably plays a large part in the equation. The use of concentrated food-stuffs is undoubtedly another etiological factor. So widely varied are the specific causes, numerous remedial agents are necessary to meet the differing indications. Of late the "mechanical" laxative has been receiving attention from many therapeutists. There would seem to be warrant for this innovation. Obviously there are cases of constipation in which the use of an efficient intestinal lubricant or simple carbohydrate would be preferable to that of the cathartics commonly prescribed.

Of the various mechanical laxatives which are being offered for the consideration of physicians it is doubtful if any are more serviceable than American Oil (a colorless liquid petrolatum) and Agar (a Japanese gelatin derived from seaweed), both marketed by Parke, Davis and Co. Each of these products, after ingestion, passes unaltered into the intestine, no particle of it being digested or absorbed.

American Oil is a colorless, odorless, tasteless liquid petrolatum. As its name implies, it is of American origin. It is harmful substance, and to be fully equal guaranteed to be free from any active or to the best Russian oil formerly imported. It is of greater viscosity than most of the liquid petrolatums that are being offered, for which reason it is more efficacious as a laxative. The customary prescription is one tablespoonful of American Oil, before meals, two or three times a day. After the fourth or fifth day, when the desired effect is established, the amount may be reduced.

Agar, supplied in the form of dry granules, absorbs water and merges with the feces, keeping them uniformly moist and thus aiding peristalsis. One or two heaping tablespoonfuls, morning and evening (with milk or cream or mixed with a cereal food) suffices for the average patient.

FELONS: After splitting the felon use CAMPHO-PHENIQUE (liquid) and change the dressing as often as necessary. CAMPHO-PHENIQUE (powder) is also successfully used in these cases.

VITAL STATISTICS. SUMMARY FOR THE MONTH OF AUGUST, 1915, FOR NORTH CAROLINA

CITIES	Pop U. S. C. April 1900	Est Pop. July 1915	Deaths 1914- 1915	Births 1914- 1915	Still- Births	Death- rate 1914- 1915	Birth- rate 1914- 1915	Sanitary Index				
Asheville	18,826	20,556	38	39	28	18	2	22.6	22.7	16.6	10.5	13.4
Charlotte	34,138	38,481	57	55	88	80	8	18.0	17.1	27.8	24.9	5.3
Concord	8,731	9,266	11	8	17	19	3	14.5	10.3	22.5	24.6	7.7
Durham	18,469	23,961	27	32	41	26		14.1	16.0	21.5	13.0	6.0
Elizabeth City	8,455	9,500	20	6	19	18	2	25.8	7.5	24.5	22.7	5.0
Fayetteville	7,071	8,534	23	13	20	16	2	34.2	18.2	29.7	22.4	7.0
Greensboro	16,018	18,983	20	18	32	31	4	13.0	11.3	20.8	19.5	3.7
High Point	9,638	12,753	12	13	43	33	1	12.0	12.3	43.6	31.8	3.7
Kinston	7,055	8,515	9	15	17	26	2	13.1	21.1	24.8	36.5	8.4
New Bern	9,976	10,859	32	29	20	22	4	37.3	32.0	23.3	24.3	11.0
Raleigh	19,213	19,932	45	38	46	36	4	29.0	22.8	27.8	21.7	5.4
Rocky Mount	8,158	11,997	15	20	29	22	3	16.5	20.0	32.0	22.0	5.0
Wilmington	25,848	28,263	75	53	78	79	6	32.3	22.5	33.6	33.5	5.0
Wilson	6,784	8,399	22	9	20	9	1	32.5	12.8	28.7	12.8	4.2
Winston-Salem	22,890	30,141	49	50	39	53	4	20.2	19.9	16.1	21.1	7.9
Total	221,270	260,095	455	398	537	488	46	22.3	17.7	26.2	22.7	6.58

DEATHS BY PRINCIPAL CAUSES, ACCORDING TO LOCALITY AND AGE.

CITIES	Contagious diseases	Typhoid Fever	Tuberculosis of Lungs	Tuberculosis of other forms	Cerebro-Spinal Meningitis	Cancer	Pellagra	Diarrhea and Enteritis—Under two years	Diarrhea and Enteritis—Two years and over	Pneumonia, including broncho	Suicides	Homicides	Accidents	Under one year	One to five years	Five to six years	Sixty-five years and over	
Asheville	2	2	12	2		3	1	2		1	1			2	4	31	2	
Charlotte	2	3	8		1	1	6	3	1	1			1	9	4	36	6	
Concord		1		1		1	1	3						2	1	3		
Durham	1	2	5					4		1				2	7	2	19	4
Elizabeth City		1		2				2						2	4			
Fayetteville			1			1		1						3	2	6	2	
Greensboro	1		2					2					2	6	1	8	3	
High Point		2	1					2	1					1		10	2	
Kinston	2		1					3		1			1	5	1	7	2	
New Bern	1	1	5					2	3	2	1		1	5	2	14	8	
Raleigh	1	1	1		1	3	5	2					3	8	2	22	6	
Rocky Mount		2	1	1				1						3	3	13	1	
Wilmington	1	2	3	2		1	1	3			1	1	5	9	2	31	11	
Wilson		2						1		1			1	4	1	4		
Winston-Salem	4	1	7	1		3	8	4	1	1				9	6	32	3	
Total	15	22	47	9	2	13	30	36	2	8	3	1	17	75	35	236	52	

The discovery that ipecac alkaloids are efficient endamebicides in the treatment of amebic dysentery and pyorrhea and that it is possible by means of Alcresta Tablets of Ipecac, to administer the drug orally without causing nausea, has attracted nation-wide attention among physicians and dentists.

While the treatment of pyorrhea,

which is much more common in this country than amebic dysentery, is essentially the dentist's field, the fact that many patients of the physician are observed to be sufferers from this very common malady and that many systemic disorders yield to pyorrhea treatment, makes the subject one of practical interest to the physician.

The properties of ipecac are so well known that many practitioners have expressed a desire to know just how it is possible to administer the alkaloids of ten grains of ipecac orally without causing nausea. In Alcresta Tablets of Ipecac the alkaloids are held as absorption compounds with a form of hydrated aluminum silicate. In the stomach where the juice is acid the tablets disintegrate but the alkaloids of ipecac are not liberated. In the intestines where the secretions are alkaline, emetine and the other ipecac alkaloids are quickly released and subsequently enter the circulation.

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Pepsin is undoubtedly one of the most valuable digestive agents of our *Materia Medica*, provided a good article is used. "**Robinson's Lime Juice and Pepsin**" (see page XIV this number) we can recommend as possessing merit of high order.

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Editorial.

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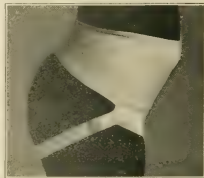
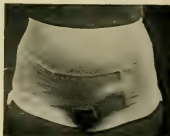
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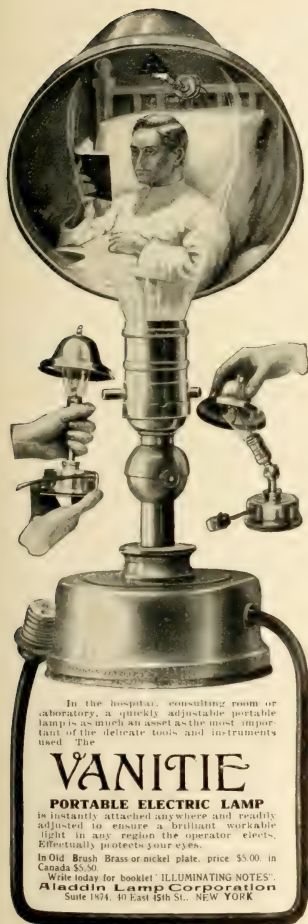
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(Journal American Medical Association, Dec. 19, 1914, p. 2182; May 1, 1915, p. 1471; Mulford Digest, May, 1915.)

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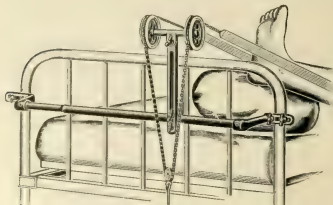
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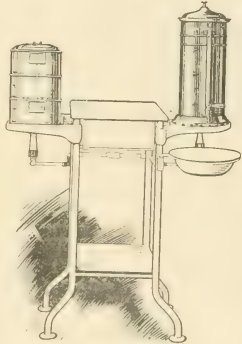
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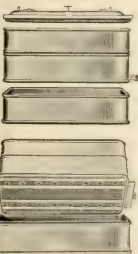


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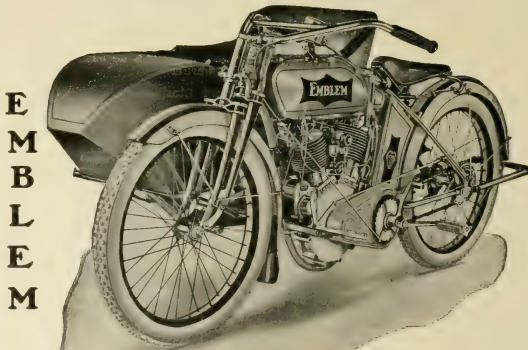
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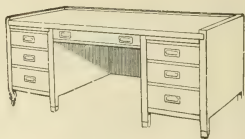
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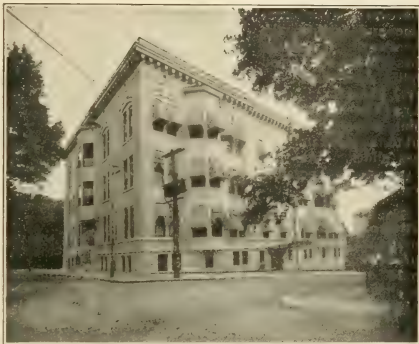
When work is sent to this institution, as a rule it is done more promptly and possibly with more skill and pains than when sent to an institution that makes no charge.

Many physicians through lack of time, technical training or laboratory equipment find it difficult to utilize the many methods of microscopic and clinical examinations so essential to a proper diagnosis.

To the physicians and surgeons of the Carolinas and Virginia, the Charlotte Sanatorium Laboratory offers, at moderate cost, facilities for such examinations. Animal inoculation, chemical, bacteriological and histological examinations will be made as the case requires.

The following directions are suggested for the benefit of those who may forward material for examination.

All specimens should be accompanied by a brief note descriptive of the clinical condition and a special reference to the character of the examination desired.



The Main Building Front View.



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The name and address of the person to whom the report is to be sent should be clearly indicated.

Sputum—should be sent in a clean, wide-mouthed bottle. The ordinary vaseline bottle answers all purposes. The morning sputum is preferable. That expectorated during meal time should not be included.

Blood For Widal Test.

— After carefully washing, prick the lobule of the ear or the tip of the finger. The first drop of blood should be wiped away. Two large drops are then placed on a glass slide, one near either end, and allowed to dry without being spread out on the surface of the slide. After they have dried, the

allowed to dry without being spread out on the surface of the slide. After they have dried, the

slide is carefully placed in a clean envelope and box, and then mailed to the laboratory.

Second Method.—

Collect three or four drops of blood in a capillary tube; then seal tube over gas or other flame and send to the laboratory. (Capillary tubes will be sent upon application to the laboratory.) Blood for malarial parasites differential count, etc., should be sent to the laboratory on glass slides. As thin a smear as possible should be made.

Smears For The Detection of Gonococci.—

One drop of purulent discharge from the urethra should be placed at one end of a clean slide and a thin smear made over the surface of the slide.

In collecting a specimen from a female patient, care should be taken to obtain the drop of material directly from the seat of the discharge. This should be done with a sterile swab or other instrument. Two smears should always be sent to the laboratory.



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Urine.—for bacteriological examination should always be catheterized directly into a bottle that has been rendered sterile by boiling 15-20 minutes. No chloroform or other preservative should be added. When sending a specimen of urine to the laboratory, always mark it with the date, the name of the patient and of the physician for identification, and specify whether a chemical or bacteriological examination, or whether Ehrlich's diazo test for typhoid fever is desired. The quantity should not be less than four ounces.

Pathological.—

material from either operation or autopsy should be wrapped in gauze moistened with salt solution surrounded by oiled paper or rubber protective. When it is not possible for material to reach the laboratory within twenty-four hours it should be placed in alcohol (80 per cent) or formalin solution (10 per cent.) Small fragments of tissue and the material from uterine curettage should be preserved always.

Tumors.—can be sent by mailing in wide mouthed specimen jars. They should rest upon a pad of absorbent cotton, which is placed in the bottom of the jar before

the tumor is dropped in

Feces.—should be sent in a clean, wide mouthed bottle. A large sterilized screw capped bottle will answer the purpose.

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Test.—Since the advent of the discovery of 606 for the cure of Syphilis, the employment of the Wasserman test, both before and after its use, is conceded by all scientific investigators to be of the highest importance as a control to the curative effect of this remedy. The Charlotte Sanatorium Laboratory is specially equipped for carrying out this Wasserman Sero-diagnosis test for Syphilis.



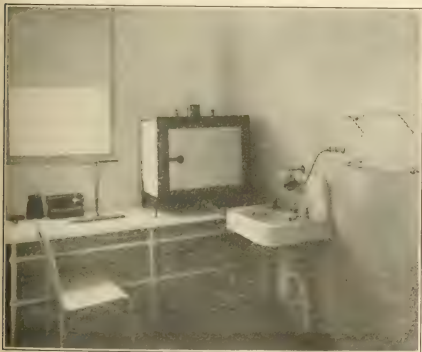
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Specimens sent to the laboratory for this test should be obtained as follows.

1st. By using an ordinary antitoxin syringe, and withdrawing the blood directly from the median basilic vein, as represented in Fig. 1 illustrates tourniquet applied, taking the blood from the vein by means of the syringe

2nd. By means of capillary attraction, as illustrated in Fig. 11 represents empty capsule; tourniquet applied to finger. It is best to apply constriction to middle finger, and puncture the dorsal surface of the last joint of this finger rather close to nail with a sterile, and collect blood, as illustrated in Fig. 11.

After obtaining blood if capsule is used, as is shown in Fig. 11, simply place the curved end over a flame of a Bunsen Burner, alcohol lamp, or ordinary gas jet to seal same, and mail. If syringe or other means are employed, put blood in small test tube, allow



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o coagulate, cork, pack and mail as any other fragile package. At least two C. C. should be withdrawn for this test. The syringe tubes, etc., should be clean and perfectly dry. It is the best, if possible, for patient to go to the laboratory and have the instructor of that department secure for himself the specimen of blood.

Milk. The bacteriological examination of milk, requires certain precautions in the collection of the sample. Special instructions and proper containers will be sent upon application.

Stomach Contents. should be sent in a sterilized bottle. A large vaseline or urine bottle usually answers the purpose.



Fig I.



Fig II.

swab50 Bacterial Cultures 1.00 Sterilized solution.. 5.00 Spinal Puncture and Analysis5.00

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Complete analysis 1.50

Pathological Sections.....5 00

Feces Examination 2 00
Blood Culture ... 5.00
Cultures and isolation of bacteria..... 5.00
Stomach Contents 2.00
Widal Test..... 2.50
Tissue Sections.. 5.00
Tuberculin Test 5.00
Wassermann's Test 10.00

Milk.

Chemical 2.50
Bacterial 5.00
Water analysis, bacterial examination.. 5.00
Chemical examination including alkalinity, chlorides, ammonia, nitrites and nitrates...5.00
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November 8-11, 1915

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Oscar Dowling, M. D., Pres.,
Shreveport, La.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Richmond, Va.
February 16-17, 1916.

Rolfe E. Hughes, M. D., Sec.
Laurens, S. C.
James H. McIntosh, M. D., Pres.
Columbia, S. C.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Mobile, Ala.,
April, 1916.

H. G. Perry, M. D., Sec.,
Montgomery, Ala.
J. N. Baker, M. D., Pres.,
Montgomery, Ala.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Annual Meeting at Oklahoma City, Okla.,
October 5-6, 1915.

Fred. H. Clark, M. D., Sec.,
El Reno, Okla.
J. P. Griffith, M. D., Pres.,
Kansas City, Mo.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Arcadia, Fla.,
May 12, 1916.

Graham E. Henson, M. D., Sec.,
Jacksonville, Fla.
R. H. McGinnis, M. D., Pres.,
Jacksonville, Fla.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Macon, Ga.
April, 21-23, 1915.

Wm. C. Lyle, M. D., Sec.
Augusta, Ga.

W. B. Hardman, M.D., Pres.,
Commerce, Ga.

KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Louisville, Ky.,
October, 1915.

Arthur T. McCormack, M. D., Sec.,
Bowling Green, Ky.
John J. Moren, M. D., Pres.,
Louisville, Ky.

LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at New Orleans, La.,
April 18-20, 1916.

L. R. DeBuys, M. D., Sec.,
Maison Blanche Bldg., New Orleans, La.
J. C. Willis, M. D., Pres.,
Shreveport, La.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Annual Meeting at Greenville, Miss.,
May 9, 1916.

E. F. Howard, M. D., Sec.,
1st Nat'l Bank Bldg., Vicksburg, Miss.
I. W. Cooper, M. D., Pres.,
Newton, Miss.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Meeting in Durham, N. C.,
June, 1916.

M. H. Fletcher, M. D., Pres.,
Asheville, N. C.
Benj. K. Hayes, M. D., Sec.,
Oxford, N. C.

NEW MEXICO MEDICAL SOCIETY.

Annual Meeting at E. Las Vegas, N. M.
1915

R. E. McBride, M. D., Sec.
Las Cruces, N. M.
W. T. Joyner, M. D., Pres.,
Roswell, N. M.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Charleston, S. C.,
April 19, 1916.

Edgar A. Hines, M. D., Sec.,
Seneca, S. C.
G. A. Neuffer, M. D., Pres.,
Abbeville, S. C.

TENNESSEE STATE MEDICAL ASSOCIATION.

Annual Meeting at Knoxville, Tenn.,
April, 1916.

Olin West, M. D., Sec.,
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MEDICAL SOCIETY OF VIRGINIA

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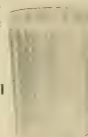
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DR J. HOWELL WAY, WAYNESVILLE, N C

The Charlotte Medical Journal

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No. 6.

DR. JOSEPH HOWELL WAY.

By Drs. D. W. and Ernest S. Bulluck, Wilmington, N. C.

Among the citizens of Waynesville, N. C., who have for years taken an active part in the progress of the State, no man is more worthy of mention than Joseph Howell Way, M. D., one of its most prominent physicians. Although he has a large practice, in both the city and surrounding county, which keeps him busily engaged, Dr. Way has always found time to aid many movements that have been inaugurated for the upbuilding of the medical profession, his home community and Society in general. Especially with his facile pen has he, time and again, called the attention of the outside world to the unrivalled advantages of Western North Carolina and Waynesville in particular, as a resort for those needing rest and recuperation. His contributions to the leading medical and secular publications have been of inestimable value, not only to those who have benefited by his advice in seeking the exhilarating climate of his section of the State, but in the upbuilding of the community.

Dr. Way is a native of Waco, Tex., born November 22, 1865, the son of Martha Julia Howell and Charles Burr Way. His father was formerly superintendent of the schools of Buncombe County and Dr. Way received his early education from him. He is of old Puritan ancestry, having descended in the ninth generation from John Burr, one of the original settlers of Fairfield, Conn., in 1632, and the tenth generation from Henry Way, an original settler of Dorchester, Mass., in 1630.

On the maternal side Dr. Way is a great grandson of John Howell, who settled on Richland Creek at the close of the Revolution, and at whose home the first session of Haywood County Court was held.

Dr. Way began his medical training at the Medical College of Virginia, in 1884, from which he went to Vanderbilt University, where he was graduated in 1886. He had, however, the preceding year when only nineteen years old, passed the examination, making the highest grade before the State Medical Examining Board of North Carolina.

Since 1886 Dr. Way has practiced in

Waynesville, N. C. His practice is general, but his specialty is tuberculosis. He was a member of the International Tuberculosis Congress in 1908. He was a member of the State Board of Medical Examiners in 1897-1902; State Board of Health in 1905 and elected its President in 1911. He is State Medical Examiner of the Royal Arcanum for North Carolina; local surgeon of the Southern Railway; trustee of Trinity College; President of North Carolina Medical Society, 1908, and of the Tri-State Medical Association in 1912; is a member of the American Medical Association, American Public Health Association, Southern Medical Association, a Son of the Revolution, and is a thirty-second degree Mason and Shriner. His services as Secretary State Medical Society from 1902 to 1906 stamped him a most capable organizer, doubled the membership, laid the foundations well for future work, and as has been truly said, "set a pace for his successors."

Dr. Way has always taken a deep interest in the work of the Royal Arcanum, being Grand Secretary for North Carolina seventeen years and Representative to the supreme Council ten years, thus contributing in no small degree to the success of that splendid organization.

Dr. Way is a charter member of the First National Bank of Waynesville, one of the leading financial institutions of this section, and is Chairman of the Board of Directors. He is also a director of the Champion Bank of Canton and of the Bryson City Bank both of which he helped organize, and is also interested in other enterprises.

Dr. Way is one of the progressive citizens of Waynesville who is doing his full share toward placing it where it belongs among the growing cities of the Old North State.

Dr. Way is possibly one of the most accomplished and logical debaters in the medical profession of this State, or we might say in this section of the South. His personality is attractive. A close student of men and measures, possessed of clear perceptions and discerning judgment, he usually arrives at positive conclusions and courageously asserts them. There is no finer character than Dr. Way. There never was a truer and more loyal friend. While his acquaintance in the

medical profession is very large, he has few very close intimate friends.

On the stage he has a commanding presence, distinguished air, and polished manner that we see in but few men. As a presiding officer his decisions are always positive, clear and final. It has been declared that he is the finest presiding officer in the medical society of North Carolina.

As a physician, Dr. Way has always been regarded as one of the leaders of this and adjoining states. He enjoys in all probability one of the most select general practice of any physician in the western part of the State.

Dr. Way is well informed on medical and surgical subjects and is a constant student of medical literature and a great reader of history and the classics. He is remarkably well informed on all subjects and can make a speech on almost any occasion with as short notice and as slight preparation as any man we have ever had the pleasure of meeting. He has been a constant contributor to this Journal for over twenty years. There have been few issues in the last fifteen or twenty years that he did not contribute something to in some way.

Dr. Way has an elegant home, a wife, a son and a daughter. We know of few homes more beautiful or more attractive than Dr. Way's, and none where more generous hospitality of the olden time Southern kind is more lavishly dispensed by genial master and lovely mistress.

UNREST.*

By Samuel Lile, M. D., Lynchburg, Va.

My first duty is to offer thanks to the Medical Society of Virginia for the honor conferred upon me at its meeting in Washington, D. C.—which I feel sure was poorly demonstrated at the time. To be chosen the presiding officer over such a body of men as our State has, can but make any man feel his own unworthiness; at the same time he cannot fail to feel proud of the honor. It is especially pleasing to have been elected at the meeting held in Washington, our Nation's capital, and to preside at that held in the capital city of my adopted State.

In casting about for a subject on which to address you, I had much trouble, not as to number of subjects, for they were

innumerable, but one on which I could best entertain such an audience. I had a curious feeling all over my system; it permeated every part of my being. At first I was at a loss to say what it was, but it finally dawned upon me that it was that spirit which is now pervading the entire world, the spirit of unrest, so I determined that I could find no better or broader subject for my discourse than that which already pervaded my entire nature; hence—

Unrest.

Never in the history of the world was the spirit of unrest so prevalent; we see it in all the walks of life and in all classes, races and sexes. What does it all mean? I trust that no other nation will be so unsettled by it as was Germany. Yet it does seem that Japan is to no slight extent following in Germany's footsteps, and we need not be surprised at any moment if our own great country becomes involved in war, so great is this unrest unsettling the nations of the world. Had we any one at the helm of our government than the Hon. Woodrow Wilson, we would already have fired guns in Mexico, and probably been sending men, ammunition, ships and money to the war zone across the great Atlantic. Let us thank God that we have him steering our affairs during these days of world-wide unsettled conditions.

Labor, in its wonderfully organized condition, is full to overflowing with dissatisfaction, and is at all times in a state of unrest and turmoil, seeking something more than it has ever gotten. If this was ambition, and ambition only, we could congratulate it, but, not being so, we must be on guard at all times lest a general revolution beset us and desolate our country as did the French Revolution in days gone by. The schools are affected with the same state of affairs, and to such an extent that a man educated ten years ago could not possibly be a teacher to-day, unless he be re-educated, or has followed such as his vocation.

In our own noble profession the same spirit caught hold something like a quarter of a century ago and has redounded to the good along every line of work and has lifted the profession from an apparent dungeon into a field full of fresh air and sunshine. The world has been greatly benefited thereby, and it does seem that conditions are getting better and better every day. We no longer guess at diseases nor call them just anything we may, and expect the

*Address of the President, delivered before the Medical Society of Virginia, at its forty-sixth annual meeting at Richmond, October 26-29, 1915.

suffering public to be satisfied with this off-hand guessing. The truly scientific spirit has taken matters in hand and is guiding it in the way in which it should go, and the world is reaping the reward of scientific work well done.

Under this same spirit, from a professional standpoint, we have seen longevity increased, and the death-rate in practically every acute febrile disease decreased, and I might say in everyone, save in pneumonia; in this it has increased in numbers of cases as well as in numbers of deaths.

We no longer guess at the causes of diseases, but, with the scientific use of the X-ray and the bacteriologist and microscopist, their causes are definitely determined, and we know at once, in almost every instance, whether the disease is amenable to curative treatment or not. Many that are not curable through the influence of drugs are self-limited, and knowing that prevents efforts expecting definite results through such means, or the probable bad effects if such efforts were made. Superstition as to diseases, cures, etc., is slowly on the wane, and could we beat out every vestige of it, how much could and would be accomplished, for wherever there is ignorance there superstition reigns.

Unrest is unquestionably bringing about preparedness, and the latter means efficiency, but may mean more. What could the doctor do but for preparedness when he so often has to act on the spur of the moment in a life and death case? And what would have become of Germany had she not been better prepared than the allied nations combined? In this case the entire world was the loser, not on account of preparedness alone, but with its being in every way coupled with militarism, and that militarism governed by greed and aggression, having been fostered for a period of forty years by the only real military government under the sun.

This feature of unrest fostering preparedness may be for either good or evil; just so with ambition. Ambition has been the downfall of many great men in both ancient and modern times, and the lack of it has kept many able men from accomplishing what they might have done. Environment and parentage largely control a man's ambition. For instance, the son of an ordinary blacksmith or carpenter will usually be content to be as good in the same line as his father was; so all along the line of trades and professions, but occasionally ambi-

tion will crop out, and when so, it knows no bounds. Unrest will drive ambition, and ambition stirred by unrest will seek preparedness, and the trio often lead to efficiency, and efficiency to success, but success is not happiness, for Pope has said, "Man never is, but always to be blessed."

The higher education of women began its career about 1890, since which time the number of college women has increased nearly four-fold. In this same time marriages have decreased markedly and the number of children born to these college women has decreased to a startling degree. For instance, of the eight most representative female colleges of the country graduating one hundred or more students each year, Bryn Mawr with 294 and Swathmore with 148 graduates, are fairly representative. A comparison of these two schools, and an average of the marriages from them will give a fairly accurate proportion of the marriages taking place among women's college graduates. Bryn Mawr shows 41.8 per cent. and Swathmore 58.7 per cent. of marriages among their graduates. Taking this average, then, about 50 per cent. of such women marry; and the best available statistics show that less than one child is born to each graduate. Are they scornful of the injunction to "be fruitful and multiply"?

Some writer has recently said that "The waltz, after remaining the supreme waist-embracing dance for about a century, had given place to the seductive new dances which play quite a prominent part in this day. The gay youths of both sexes abandon themselves to the seductions of hesitation, tango, maxixe, *et id genus omne*, with an enthusiasm never shown for geometry or syllogism, axe or saw, theodolite or crucible."

Lovers look for the good in each other, remembering that the business of love is to idealize or imagine, and imagine means to "image," or see.

With these facts before us, it is only necessary to follow them and all will be well. A young woman of to-day does not know how to prepare herself for life, for surely she does not know whether she is to be a stenographer, bookkeeper, clerk in a dry goods store, a dressmaker or a housekeeper, or whether some good or bad man is going to seek her hand in marriage. So, until rather late in life she cannot determine what the future has in store for her; hence, she is at a disadvantage, and one, too, not always easily overcome.

Unrest has attacked the women of the world and is making many of them more efficient in every line but one, and that one is the most important in life. It has stirred the latent ambition in her and caused her even to feel and to know that she is an important personage. But along with this she has the idea that she has been imposed on by her male companion to such an extent, that she openly demands the right of suffrage, and when in possession of that, she will make Mr. Man do as she demands.

It is a well-known fact that woman rules the world, not by threat or force, but by her sweet and gentle motherly manners.

Under the present state of affairs things are changing, and she no longer wants to be the mother of men, and man can't be, so what is to be the outcome? She has sought and gained access to almost every field of labor from the highest professions to the lowest grade of menial labor, yet, as some editor has recently said, it matters not how efficient she may be in her chosen field, she will invariably drop it when some good man seeks her hand in marriage. This is the strongest evidence of the natural instinct of woman, and as every woman will act in the same way, it proves conclusively that it is her strongest natural instinct.

But to go further, she is attempting to throw off that strongest natural instinct by declaring war to the bitter end, or to a declaration against filling a house with her natural offspring, and showing a disposition not to become the willing mother of her husband's children. She may under protest consent to going through the travails of labor for one, but then a definite and distinct line is drawn and vengeance is declared against any successor. This brings about a different spirit of unrest in man, and often drives him from home, because home is not such as he has always pictured mentally, and so the matter goes on until home is not home any more, but a place of unhappiness, love no longer reigns supreme, club life follows, unhappiness comes on apace, then jealousy—the demon—creeps in, and the termination may be with a voluntary separation or divorce.

Why do the present-day women have to enter all the fields of labor in competition with man, when it was not necessary twenty years ago? Is it because man does not care for her as he did formerly, or is it because woman wants to dress better and make generally a better appearance? Or, having gotten a taste of

public life, is she unwilling to lead the quiet home life of her mother? This is a class of unrest which is detrimental to our country in many ways. For instance, man and woman working in common, almost as the same gender, as it were, causes man to lose respect for her, and to a certain extent, she for him, and so under such conditions marriage is decreasing and divorce increasing *pari passu*.

Home life is becoming a back number, and the society woman of to-day prefers club life to real home-life; hence, in consequence, home life is disappearing and club-life is increasing. This looks as if the woman prefers the open public life of man to that of her natural God-given home-life which has held the world together, and shows, too, that the natural increase of our population is not from the better class of people, but comes from the lower walks; hence, the higher class is on the decrease and the lower is stepping up higher. So intellectually, instead of gaining, we are losing, and this loss being constant, in only a few decades we will drift to the lower standards rather than ascend to the higher. What is the remedy?

Having had a taste of the free, easy way of men, we cannot say that women shall not have the same, for certainly man is not entitled to any more privileges than his life-long partner, woman, though he often assumes such. Woman, in the words of an ex-governor of Alabama, and a woman-hater, too, "Is not only the **best**, but in a sense equally truthful and more catholic, she has been denominated Heaven's last, best gift to man. She is at once the sweet soother of humble toil and the graceful and elevating companion of genius. Under the magic inspiration of her smiles the fields wave with joyous plenty and the workshops pour out their floods of ingenious mechanism. The oceans whiten with commerce, and the cities are crowned with magnificent architecture." What living man who is not in full accord with such sentiments? If such there be, go mark him well, for him no loving hearts do ever swell, and all his nature is as cold as if t'were pure and frozen gold.

In all the walks of life woman controls only one monopoly, and from her man can never take it, not even be in competition, nor has she any fear thereof, and this monopoly is that of becoming mothers.

But this monopoly can be so neglected that the human race may retrograde in

character and decrease in number. But this will never come, unless, becoming suffragists, women may decline to cultivate this, their God-given monopoly.

At a recent meeting of the Academy of Moral and Political Science, in Paris, it was reported that births in France for the past twenty years had fallen annually from 850,000 to 750,000. Thus it will be seen that in this length of time there must certainly have been quite a loss to the population of France. Just so with our own country, while I have no statistics to quote here, there is abundant evidence to show that, but for the tide of immigration, our population is decreasing even more rapidly than that of our sister republic across the sea. We admit about 1,000,000 newcomers annually, and at each census we show an increase of about 10,000,000, or 1,000,000 for each year, and this does not attempt to add to the number of immigrants their own offspring. What increases we could show, aside from the immigrants, would be to the credit side of these immigrants and from the uneducated classes of our native peoples.

Then it must show that our educated classes as well as our society people are not following these natural wants, that of filling their homes with their husbands' offsprings, but that in some way or somehow, the homes of such bear too heavily upon the minds of our women, that they are declining to do their God-given duty in this respect. This is a fast age and an age of luxury; can it be that the luxurious life is leading to profligacy, and that this profligacy will lead to the downfall of our nation, as has so often been the case with opulent nations in the past?

Carthage fell because of its opulence leading to profligacy, and so did Rome, and many other instances could be mentioned. To-day our country is acknowledged to be the wealthiest on the globe. All nations are watching us both from a standpoint of national wealth and national commerce. We occupy to-day the position of the "middler" in a game of marbles, and when the game again actively begins every nation will be found plucking at the "middler" with every attempt to knock him out. Every boy and girl knows about the "middler" in a game of marbles, and what it means if he is struck a sufficient blow to knock him out.

These being facts, it stands us in hand to re-educate our women along the fields of usefulness, and to show them wherein

home is their proper place. And, too, that homes should be filled to overflowing with strong, vigorous, healthy, legitimate children, children who will be both a comfort and a pleasure to their parents, a credit to themselves and an honor to their country. When such conditions as these prevail, unrest, as to the fear that man will get the better of woman, or the husband of the wife, will cease; home will again be home and happiness will reign supreme.

This condition can only be brought to bear through the influence of woman, not by force nor by political influence, but through that womanly-hearted affection which woman only can bestow, and which, when properly extended, will control any man who ever lived or died, and will almost always convert even a demon into a human with kindly intentions. What a world we would then have! Compare it, if you can, with the conditions sought on all sides, that of woman sacrificing her womanly and motherly nature, for those of man, who is constructed on entirely a different basis, whose nature is far more brutal and lacks the inborn tenderness of his opposite sex.

Many women could be cited who have shown the strength of any man who ever lived, in every way but physically. This is not one of her natural characteristics, however, nor do men expect such of her, but let her in the future, as in the past, teach "the savage the transforming powers of society and civilization."

"Cornelia lays her jewels on the altar of her country that Rome may live," and never sang, "I didn't rear my son to be a soldier."

When home once more becomes the abode of love and affection, and is filled with happy hearts around the family circle, due not in part, but almost in toto to woman's influence, then will man exclaim with one accord, Amen!

"All men know that woman's organization is as delicate as a sylph and as timid as a fawn, that she braves the hydra of disease and the carnival of his slaughter, and from some cause which earth cannot explain, the monster withers and dies in her holy presence. To woman has been confided the vestal fire of God's worship, and she raises in His holy temples such anthems of praise as a fit diapason of seraph around His sacred throne, and in the twilight of life, when swallows homeward fly, when earth and earthly things are viewed with light that breaks from heaven, she plumes

her pinions for her native skies and beckons us on to the throne of God."

APHORISMS.*

By J. A. Faison, M. D., Bennettsville, S. C.

You asked me to write for this historic Association its history; but for lack of data, I have been unable to do so. I could get a few recent facts and many traditions which would not make history. There is no charter recorded of The Pee Dee Medical Association, and if it was a chartered institution, it must have been by Special Act of the Legislature. This Association is much older than the State Medical Association, having been in existence prior to the war of 1861. Dr. Porcher was President of the Association when the Civil War ended, as will appear from the following letter of Mr. J. J. Lane of Auburn:

"Your letter of recent date received and contents noted. I regret that I have no papers that will help you in your history of The Pee Dee Medical Association. However, I have heard my father laugh over one incident of the first Annual Meeting after the close of the war. Every member was blue over the prospects. The negroes whose medical bills in slavery were always paid, were now pauper freedmen, unable to pay either for Doctor's services or drugs, and in a great many cases "old friendships" impelled the Doctor to render aid. Dr. Porcher, my father's old "preceptor" was President of the Association, and when he arose to make his Address, every eye was fixed on him, and everybody hoped for words of consolation and advice. Looking gravely over his audience, he slowly and solemnly said: 'Gentlemen, it's my opinion that we are a set of poor devils,' and sat down.

This did not prove true, for we know that the Doctors faced bravely and patiently that era unprecedented in their history, they toiled, these men of strength and character, and heroically met the emergency. I can get no facts from many of the oldest members now living. In this address what shall I give you? I will speak about the aims, the life and duty of a physician—will give you a few Aphorisms.

I know of no one who is better qualified than the Christian Physician for imparting that general knowledge so valuable in after life, as he makes his daily rounds in his never-ceasing duty. He

comes to them in sickness and in sorrow, through the deep and solemn shades of night, or through a "Storm which has spent itself into an element of molten gold"; and from an inner consciousness of strength and ability to minister to their physical, mental, and moral needs—whispering peace. We are servants of humanity, and must visit lowly hovels and dungeons dark and drear; and restore and lift up the fallen, and say to them—"We see in your mechanism the Master Hand visible;" and you live by the Goodness and forbearance of God; arise and fulfil your destiny by showing in your life the power and wisdom of the Creator." To be a teacher the Doctor himself must choose the right road, for by the choice we are led to our destination. As Physicians we must not be impelled by "scientific curiosity," or greed of material advantage, but realizing it in the spirit of sympathy; for when a man does not realize his kinship with the world, he lives in a house whose walls are alien to him."

The object of college training "is to fashion man according to its best ideals, and make him perfect in physical, mental and moral efficiency."

"But power to do is the true and lawful end of aspiring." Set it down to thyself as well to create good precedents, as to follow them (Bacon). Keep strictly your appointments, and remember that delays and roughness will handicap you as a Physician. Treat your contemporaries fairly and tenderly and your colleagues with respect and justice—the vilest and most depraved affection of a Doctor is envy: "for a man that hath no virtue, ever envieth virtue in others" (Bacon). This, above every thing else causes divisions which distract the profession.

"The Moving Finger writes, and having writ

Moves on: Nor all your Piety nor Wit, Shall lure it back or cancel half a line, Nor all your tears wash out a word of it."

Be not self sufficient, for however learned you are, "you have only picked up a few grains of sand, on the great sea-shore of life." Invite Counsel, for one head cannot contain it all. "God himself is not without, but hath made it one of the names of His blessed Son, The Counselor."

Be always plain and direct and ever sincere in your consultations. It is no diminution to your greatness, or derogation to your sufficiency to have consultation; "for in counsel there is stability."

*Read at Pee Dee Medical Association, Florence, S. C., on December 9, 1914.

Carlyle by a single word named the fault of Rousseau—"Egoism—which is indeed the source and summary of all faults." I will say that Egoism is the most unattractive characteristic of a Doctor. Egoism hallucinates, and sees only the big "I" and the little "U."

"When you and I behind the Veil are past, Oh but the long while the World shall last,
Which of our Coming and Departure heeds

As the seven seas should heed a pebble cast." (Rubaiyat).

Coolness and presence of mind should be cultivated, and will be of use to you in emergencies and sudden dilemmas; and may the salvation of your patients—thus fortified you will know when to do and when not to do.

Let us be true to the profession and true to ourselves and place the medical standard on a high plane of usefulness. We can only do this by making ourselves worthy. Remember that Pope said "worth makes the man, the want of it the fellow." The times have changed; are we changing with them? Beware of commercialism in Medical practice.

"Be not today, tomorrow one.

Another when a year is gone;

Be what you are with all your heart,

And not by pieces and in part."

Medical Ethics is an important subject for our consideration; for it designates our moral duty to brother physicians and others, and is the divine will expressed in revelation. Aristotle wrote three treatises on Ethics. We have adopted a book on Medical Ethics for our Government.

It does not concern us whether Ethics is a Science or an Art, for we know what is our duty. It does not pay anyone to be unethical, and the Doctor who is unethical degrades himself and his profession. Ethics is reciprocity, equal rights justice, to give and return mutually, "and to do unto others as you would have them do unto you."

The laity will respect you for treating your brother fairly and honestly, and you will feel better for so doing.

You have no right to carry your troubles into a sick room. If you "have tears that swell up in the daylight, or tears hidden in the gloom, leave them behind you, for if you expect to measure up to the ideal Physician you cannot play Doctor Jeckel and Mr. Hyde, but with the Hindu Poet say, "Who is there to weave their passionate songs if I sit on the shore of life and contemplate

death and the beyond?" Most troubles are imaginary and can be mastered and crushed, and when you come to the door of the sick chamber, carry light and life to your patient. Like the "humane old Dr. of Brand follow with a human and sympathetic hand." Ever be optimistic, for by a hopeful countenance you will stimulate hopefulness and encourage your patient. Psychic influences are to be reckoned with in diseases. Padget has well said "Your chances of doing good will depend mainly on the skill with which you can influence the patient's mind; for of the components of his case, the mental condition is the worst."

While life lasts, carry hope and light to him; even that eternal Light that will light him across the river Styx. "Our business is not with death, but with life." (Geo. Sands) Your business and mine is with life; and if the Spectre of death threatens, you must only see life in death. It belongs to the domain of another art and philosophy to consider death and the grave.

Many of us are not as fortunate as the Irish Doctor Robert Jenkins of Paris, who numbered as his Clientele Dukes, Noblemen and the Nabob: He only entered princely mansions and visited millionaires and titled personages. 'Tis the pride of my mind that the average physician, though poor, is gentle, refined and independent. Many of us have not come down from the "Mighty nothingness of fashionable life," but like Goldsmith and Johnson, have made their way. Like them, too, you are better for having been poor. But who would not rather be the Country Doctor, who stood on the pedestal of Manhood, and when age comes on, can look back through the vista of years and say I have done my best, and I have been honest and true to my profession, and to my Clientele; and come to the end as a straightforward man.

We can't all be Belles-letter Scholars, but we should give some of our spare time to literature. In our daily routine, the mind as well as the body becomes tired and needs relaxation. You cannot think of one subject all the time without becoming narrow and mechanical, and if so yours will be a mechanical life. You remember that "reading makes a full man, conversation a ready man, and writing a correct man." In good books we have before us high ideals, human nature, the common place—mistakes, successes, experiences and failures of the past and present. Extraneous reading, a

few hours daily from a well selected library, will keep you in touch with the best thought of all ages, and so rest and school the mind that you will be better qualified for your profession. "When with mind, heart and hand work in concert, in the sight of Heaven, optimistically you will not see the figure of death stalking about; but a radiant Angel sowing the seeds of life and light broadcast." (Geo. Sands). When I enter a home, I do not have to study physiognomy, if I can see the Library, I will have an insight into the life and character there. Do not be Case Readers, but read systematically and keep abreast with Medical progress. As men of letters, S. Wier Mitchell's and Oliver Wendell Holmes' literary works have made them cosmopolitan.

Carlyle said "In Books lies the soul of the whole Past Time; all that mankind has done, thought, gained or been;—is in the pages of Books."

Doctors have ample opportunity for studying physiognomy. The expressions, manners, connections and the home life of our patients give us nature's true picture. Your memory may be painted or darkened some times, when you call up sombre skeletons in the closets of some whom the kind fairy has transformed seemingly into the elite of the land. You know and you see civilization on a high plane and know that the skeleton in the closet is the exception, and that innocence of mind and purity of life are characteristic of our country. Let us as a profession live up to our high ideals, and in our ministrations, instruct and reform, comfort and relieve—"eschewing faction, discontent, irrelegion and criticism."

Few Physicians save up a competency for their declining years. Be ever ready for works of Charity, remembering "The poor ye have with you always," but you will find unpaid upon your books the accounts of the unthankful patient, and not the Charity patients. "The hay time of life" is between 21 and 45. There is no more pathetic sacrifice to humanity than the old Doctor, bent and gray, who has given his life to his profession, and has saved up nothing to live on in his old age. These are the patriarchs of the world, who from long habit and training are fit for no other work, pushed aside by youthful comrades—slowly, silently he goes down the hill of time, and is a noble subject for a painter. The greatest of all female authors has given us a true picture of the old and the young plow-

man—but I can conceive of as pathetic a picture—one who has driven the Medical Ploughshare almost to the end, replaced by the other, who has mental and physical vigor, going up the hill with the possibility of success and happiness before him. The old Doctor's footprints will soon disappear; his medical furrows will soon be covered by fresh ones made by the younger Physician. He may not live in song and story, but surely he will live, for he gave his life for others—he cared for the lambs and the sheep of His pasture.

TREATMENT OF PELLAGRA.

By E. H. Bowling, M. D., Durham, N. C.

As the cause of Pellagra has not been definitely established and as almost every theory as to its causation when traced to its ultimate conclusion has been proved to be based on an erroneous foundation; so likewise has the treatment been equally at sea. I know of no disease in which a line of treatment is so likely to lead the observer astray. I think though, that one reason why we are so often lead into error in thinking that we have followed a line of treatment that has cured the patient; is because too many practitioners look upon the rash that appears on the hand, face and neck and other exposed parts of the body as the disease. We bend all our energies in trying to heal this manifestation of the disease and when this is accomplished we think that the patient is cured; forgetting that the rash is only a manifestation—a red light hung out to warn us of the deeper seated and more serious trouble within. I still believe that the rash is a blood stasis, not a true congestion, or an inflammation; caused by the effect of the circulating poison on the central nervous system.

In treating Pellagra I rarely, if ever, pay any attention to the rash; certainly do not unless there is a burning from the concurrent neuritis or there seems to be an active inflammation.

I believe, after studying all the theories advanced of the cause of Pellagra, and being unable to accept any of them under the bright glare of clinical experience, that it will be eventually found to be caused by an amoeba or some low form of animal life.

That Pellagra is infectious, I have always believed and I think this fact has been firmly established by the labors of the Thompson-McFadden Commission in their three years study at Spartanburg, S. C. If it is infectious, then that

eliminates the theory of the Zeists who claim that it is caused by some improper food or from the lack of a well balanced ration, any further than it may be claimed that these things may reduce the opsonic index and that the patient has less resisting power to the onslaught of any and all contagious and infectious diseases. When we admit the infectiousness of the disease it follows as a natural sequence that there must be some organism either vegetable or animal that is the cause of the infection. I cannot believe it to be a vegetable parasite because the course of the disease is different from those diseases known to be caused by vegetable parasitical infections; while it does concur more nearly with those diseases that are known to be caused by animal parasites, and a notable example is amoebic dysentery; and another fact that has impressed me as being more than an accident is the number of cases of Pellagra that show evidences, either mild or severe of pyorrhea alveolaris. While I have no definite records I believe that almost seventy-five per cent. of my cases of advanced Pellagra show evidences of Pyorrhoea.

If we accept this theory then the germ would of necessity have to first find lodgement in the alimentary canal and we would reasonably expect to find the first symptoms of the disease referable to the gastro-intestinal functions. Every one who has studied any number of cases knows this to be a fact. In the more than three hundred cases which I have studied and treated I have yet to find one in which the gastric disturbance did not ante-date the appearance of the eruption for from three to twelve months. Furthermore in every advanced case in which I have had an opportunity to make an examination I have found without exception a total loss of hydrochloric acid in the stomach contents. This is the experience also of all others who have made the examinations so far as I have been able to find. Another fact that to me is very suggestive is that in the early stages, we have an increased motility of the stomach, so much so that when we give a test meal and wait the usual length of time to withdraw it we only get a glairy mucous, while in the later stages we have a gastric stasis, that is when we give a test breakfast and withdraw it we will get the debris of the supper of the night before.

In regard to the intestinal symptoms, I find that in the vast majority of patients, they are in the first stages con-

stipated, and the diarrhoea, spoken of by so many writers in my experience only comes on when the system is charged with the poison and the diarrhoea is only an evidence of a system so charged with poison that it is making desperate efforts to rid itself of the accumulated toxins.

I might say before closing with this phase of the subject that the evidence of the infectiousness of the disease, in my experience is so overwhelming that I could not doubt if I would. I have seen numbers and numbers of cases when the disease could be traced direct to the source of infection. I will only recite one case of the great number that have come under my observation.

Mrs. W—, a young married woman, 28 years of age, who had always been in the very pink of health, who had never needed the services of a physician except at the birth of her first child, was confined for the second time in July, 1914. Her brother's sister who was a Pellagrin and had had some trouble with her husband, who was also a Pellagrin, used as an excuse, that her sister-in-law needed her services and went and stayed with the woman during the lying in period, and for some weeks afterward. In November, 1914, this woman had the characteristic rash of Pellagra which yielded to injections of Saomin and she as well as her physician thought her well, but in April, 1915, the disease re-appeared and this time it would not yield to the usual treatment and she is now in the hospital under my care apparently making a slow recovery.

What I have said so far is based on theory; and it is only theory, a theory, which I think is pretty well borne out by clinical facts but a theory nevertheless; what we want is to get down to stubborn and incontrovertible facts. We have Pellagra in our midst; this we all know, now we want to know what to do to stem the tide;—what can we do to cure it or at any rate ameliorate its ravages. So far as I know we have no specific, nor can we map out a line of treatment that will be applicable to every case, we may have general lines of treatment—have certain ends in view and follow them, but in my experience, it is seldom that any two patients can take the identical treatment with benefit. I have known cases that were apparently cured and stayed cured on sulphur and cream of tartar. I have seen some few that refused to take any treatment that would apparently recover. I have seen one case in which several doctors exhausted their skill and

gave up in which an old woman made a poultice of well mascerated beefsteak mixed with flowers of sulphur and applied to her hands and arms and the woman recovered for a year and finally died under my care. However, the woman who applied the poultice of beefsteak and sulphur died two years later with Pellagra under her own treatment.

With cases like these we are forced to the conclusion that any treatment to be counted *effective*, must be used in a great number of cases and we must get definite results to be sure that we have a remedy or remedies worth while. We cannot jump at a conclusion because a patient has apparently recovered under any certain treatment that we have found the sovereign remedy and we had better try it in a number of cases and get certain and definite results before we cry Eureka from the street corners and housetops.

Another thing that I am constrained to believe and that is at the present time being more widely used than any other line of treatment is the indiscriminate and almost universal use of the hypodermic injection of the different arsenical preparations of soamin and cacodylate of soda, atoxyl etc. I do not wish to decry the use of these remedies; they are invaluable and we could ill afford to do without them; but I am of the opinion that too many doctors feel like they have a specific in these remedies and rely too much on their efficacy to the exclusion of other valuable and necessary medicines.

I have seen three cases of well marked pellagra that were under treatment for some time at the time, develop typhoid fever and when they recovered from the fever they seem to be well of the pellagra. Taking this as a cue I injected the hypodermic case last year with 1 cc of cacodylate and the recovery was apparently complete, of course I was giving other treatment at the time and how much credit was due to the cacodylate I am unprepared to say, still I think this is worthy of further experimentation and when the proper occasion arises I propose to give it further trial. I am throwing this out as a hint that others who may feel disposed may give it a trial. I have used on four cases an hypodermic injection of Pituitrin once a day for six days. Three of the patients recovered, one of them died, but he apparently improved while taking the treatment.

Recently I tried the auto-sero-therapy treatment in one case. I drew a good

size blister, from this I extracted the serum and injected this subcutaneously, I did this twice; as the patient became demented and had to leave the hospital I did not have the opportunity, if I had had the desire, to use the treatment any further, but, I have no confidence in the treatment and will not try it again. In justice, I should say that the patient was desperate and I do not believe that the treatment hastened the dementia.

I have a patient who has been cured of pellagra for more than three years, after having had three desperate attacks; from the arm of this patient I drew one hundred cc of blood, and had it properly defibrinated by Dr. Kerns at the Watts Hospital and injected fifty cc intramuscularly into two patients but the results were negative. I shall not try it again.

Arguing that Pellagra was caused by an amoeba or some low form of animal life I am now trying injections of emetine hydrochloride gr. ss once a day for five consecutive days and I must say that so far I am highly pleased with the results. I believe that we will find this a valuable adjunct to our treatment, and it is hardly too much to hope that it will prove as valuable in removing the cause of the disease as it has already established itself in the treatment of pyorrhea. However, I do not entertain the hope that we will ever secure a serum or antitoxin that will cure Pellagra. I think it will always be a field where the internist will be invaluable. We will have to try to correct the damage that has been done by the invasion of the disease. After trying out all, I am forced back to my old treatment of one tablespoonful of castor oil each night at bed time and a teaspoonful of chlorine water every two hours. Where the gastric catarrh is not too violent and the patient can take the chlorine water I believe that this comes as near being a specific as we now possess. Where we have a violent gastric catarrh, I find that to give any acid increases rather than ameliorates the condition, and when I find this state of affairs, I begin treatment with

Sodii bicarb

Ingluvin aa 1 drachm

Mix and divide into 24 powders

Give one powder in wine glass of lime water before meals, also

F. E. Condurango 1 ounce

F. E. Echinacea 1 ounce

Listerine 2 ounces

Caripeptic Liquid 4 ounces

Mix and give two teaspoonful in water one hour after meals.

This treatment is my hands usually relieves the stomach symptoms and then I begin with the chlorine water, which I give for months. At this stage I give hypodermic injection of the cacodylate of soda, and the results are very satisfactory.

Another remedy that I think we have more or less neglected, which I believe to be a valuable adjunct is hypodermoclysis of normal salt solution, from one pint to one quart once a day. I have seen this bring around some cases that indeed looked desperate and it is worthy of trial.

THREE NEEDS OF A CHILD.*

By Lewis W. Elias, M. D., Asheville, N. C.

This is no discussion of air, food and water, nor of hygiene in any of its usually accepted terms. These are needs, and very fundamental ones. But the war against tuberculosis, and the consequent awakening to better hygienic conditions, together with the crusade against impure milk and other like popular sanitary campaigns, have educated the public to a standard far in advance of anything that it has known before.

The improvement attained is well illustrated in the New York City death rate among infants: In 1888, 288 babies per 1,000 died in the first year. In 1902, 168 babies per 1,000 died in the first year. While last year only 95 babies per 1,000 died, which shows that the animal necessities are being fairly and increasingly well met.

What I wish briefly to call your attention to are the intellectual and moral needs of a child.

No child can ask for—though every child by Divine right is entitled to—intelligent parents. Healthy they should be, but even more necessary is intelligence. In using the phrase, "intelligent parents," let the emphasis be put on the word "parents." This means not simply an intelligent man and woman who are the father and mother of a child. We all know of men and women who are intellectually, and by training, far above the average; yet who are woefully ignorant, and striking failures as parents.

But the plea is for intelligent parents, awake to the needs of a child—their child if you please—and conversant with the accumulated knowledge regarding the rights and best interests of children. And this demand does not seem excess-

sive. The State will not license, nor would we employ a lawyer unless he had given years of study to the branches in which he was to practice. Preachers and teachers must prepare themselves in order to do their work. We would not even let a man rent a farm or care for high-grade cattle who had no experience. We expect the modern farmer or poultryman to study the Government reports and take journals devoted to his work. Special training, and keeping abreast of the increasing knowledge in ones particular line are considered necessary for even ordinary efficiency, according to our modern way of thinking.

But how is it when we come to parents? No special training is required to pass the examination and obtain license to marry, and probably raise a family of human souls to help make or mar the State. Where so much training is needed, on account of the great issues at stake, and where so much helpful knowledge has been gathered and made available, it is inexcusable that a foolish young girl and boy may marry, with the State's full sanction and start in to help raise citizens for the future control of the Commonwealth. With such lack of preparation, can we wonder at the frequent poor results? Is it surprising that we occasionally find one of the lower animals better behaved, more self-contained, apparently enjoying life more fully, and adding more to the real work of the world than some of these unfortunately reared humans? And this is so at least in large part—because we demand better trainers for the animals than for the humans.

If some one says that these contentions are unfair and extreme, I will simply appeal to your own observations of conditions, and ask if it is making too severe a demand upon parents to require that they be at least as well prepared to intelligently rear and train the little human animal, as we expect those to be who care for our high-class beasts or burden?

Who has not seen the child lacking in self control, in respect and obedience, lacking in training to a helpful occupation, growing up to be a more or less vicious parasite upon his kind? And this largely for lack of intelligent handling. His parents maybe, and often are, reputable and worthy citizens; but as they came by their own character in a hit or miss fashion, they are unable to tell any one else the essential steps by which he may achieve the same. This is unfortu-

*Read at the State Medical Association at Greensboro, June 17, 1915.

nate and unnecessary.

It is not asking too much if we require parents to avail themselves of some of the fundamental facts regarding the proper rearing of those who are both their children and the State's potential citizens.

A parent should be able to train his child to take the hard things in life gracefully, rather than to sulk and chafe at them; to get the full joy out of living, avoiding useless worry over the unavoidable; should teach him self-control, and respect for authority, age and experience; should teach him a trade or occupation; and should teach him that he has a part in the world's work, and teach him to fill it.

Again I reiterate: A child needs intelligent parents.

The second need of a child would soon follow, if the first were supplied, namely, an intelligent public opinion or attitude towards children.

The almost universal feeling regarding a child is that it is a sort of human toy. To women it is a doll to be admired and played with; to men it is a foolish little thing to poke fun at and tease. The average intercourse with a child is one of banter, at the child's expense, without his being exactly aware of it, or able to parry it, or it is teasing and annoying him.

I believe a little thought will convince one that this is true. Can we wonder at Young America, pert and self-assertive, without respect for his elders, their advice, or their good intentions? Who would allow a blooded colt to be teased and worried as we treat children? This attitude can certainly be improved. There is common ground on which the child and adult may meet without unduly elevating the one or lowering the other, and the intercourse at this point is mutually helpful. As a Public we can vastly improve our dealings with children.

In the third place, the child needs, and has a Divine right to, what must really come first, namely, a Medical Profession intelligent and conversant with the essentials of child life, able and anxious to direct and train the parents and the public regarding these matters, willing to lead crusades in behalf of these things, constantly pressing the education along the lines indicated, until it has advanced at least to a level with the physical attainments. The time is ripe, and it behooves us to realize that this work must begin with the doctors, and we must

make ourselves the intelligent physicians that the child life of the State demands.

OVARIAN CYSTS WITH REPORT OF CASE IN WHICH THE TUMOR WEIGHED EIGHTY-FIVE POUNDS.

By Samuel Orr Black, A. B., M. D., at Present Resident Physician in the Jefferson Medical College Hospital, Philadelphia, Pa., and in the Service of Dr. H. R. Black, Spartanburg, S. C.

In a consideration of living pathology as it pertains to the ovaries, one is hurled into one of the most important organopathy found within the confines of the female pelvis. A woman in years between the Alpha and Omega of her menstruations, without ovaries, is as a boat without a sail or a ship without a rudder.

The uterus and ovaries permit menstruation, ovulation, and internal secretion and through themselves predispose to *mens sana in corpore sano*. The oviducts are merely conveyance tubes, the organ of Rosenmuller a vestigial structure and neither have an indispensable function. Remove the uterus, extirpate the tubes, destroy the parovarian tubules, in fact, do what one will to the lower abdominal and pelvic anatomy, conditions warranting, but preserve the ovaries, or as much thereof during the child-bearing period as possible. This is the *ratio decendi* of Gynecological surgery when one recalls the tripod of ovarian functions.

Ovula liberation might be called the first or external discharge, and through the hypothetical secretion then elaborated from the resulting Corpus Luteum, the endometrium is enriched in vascularity, thereby being prepared for menstruation, or for the reception, retention and nutrition of the fecundated ovum. Thus supposedly it is, that the second of the three functions is made possible through the performance of the first. The Corpus Luteum is indispensable to early pregnancy, since bilateral oophorectomy at this time induces abortion without fail.

Thirdly, the ovaries are known to have an internal secretion because their presence influences the growth and development of the sexual organs and the mammae prior to sexual maturity. They also have to do with the deposition of lime salts in the long bones. Their removal after sexual maturity induces atrophy of these structures, cessation of menstruation, an increased deposit of fat, and a long chain of nervous symptoms. Osborne claims that perhaps the ovaries have a limited action in

the maintenance of vaso-motor stability. The urinary phosphates are greatly and permanently decreased after double oophorectomy (Camtals and Taruffi). Nevertheless many writers doubt the utility of castration for osteomalacia. Spermin, described by Scheriner and elaborated by Phoebl, has been found in the ovaries, thyroid, prostate, testicle and other tissues, and is supposed to assist the blood in its oxidizing power. Further proof that the ovary has a secretory function is shown by the compensatory hypertrophy in the remaining organ after one has been removed. In the rabbit this increase begins within two months and at the end of four the organ has doubled its size. (Airstoff.)

Obviously the ovaries are organs of tremendous importance. Truly do they predispose to a contentment of mind and a preservation of health. This is manifest when once we see the horrible picture of an artificial menopause, surgically induced. Think of a young woman, single or married, suffering with transitory waves of heat, flushings of the face and body, loss of all self-control, itching of an area here, anaesthesia of a part there, "lancinating pains in the lower extremities," marked constipation, in fact, a life of pain and misery, induced and doomed as it were by the knife of the unscrupulous operator, himself stupendously ignorant or grossly indifferent to ovarian economy.

The products of the ovum producing tissue have a close inter-relation with the secretions of the other ductless glands. Thyroid extract has been definitely proven to accelerate the action of the ovary and vice versa. Epinephrin injections have induced definite pathologic lesions in the ovaries. Women suffering from dysmenorrhea, amenorrhea, extreme nervousness and other symptoms of ovarian and pelvic perversion of functions are repeatedly made more comfortable by suitable doses of thyroid extract. Kalleday reports a case of acromegaly of ten years duration, suffering likewise with oligomenorrhea alternating with periods of amenorrhea and dysmenorrhea, all of which he attributed to hyperpituitarism and to a concomitant hyperovarianism. He accordingly administered ovarian extract. It cured the patient as it furnished the needed hormones, and at the same time is thought to have counteracted the excessive hypophyseal ones.

Hypertrophy of the hypophysis cerebri during pregnancy was first demonstrated by Combe in 1869. Acromegalic features characterize the condition. It has been called pregnancy acromegaly. The fea-

tures spontaneously disappear after parturition.

An imperfect balance between the secretions of the ovaries on the one hand and those of the adrenal and thyroid on the other is supposed by Osborne to be a possible causative factor in the production of some few cases of Raynard's disease in the female.

The ovaries, as all other somatic tissues, are subject to a large variety of living pathologic changes, and not least among these is the cystic involvement. The more common of these varieties are, first, the simple cyst, e. g., of a simple cavity; second, multiple cysts, e. g., of several cysts all arising from a common source; thirdly, proliferating cysts, e. g., where one sac arises from the wall of another cyst; fourthly, papillomatous cysts, e. g., where wart-like excrescences line the inner membrane of the cyst. A cavernous cyst results when the walls of several cysts have been obliterated by pressure. The usual type of congenital cyst is the dermoid. These have a slight tendency to become malignant. LaPonge reports three such transformations. Cancer here is characterized by a long period of incubation, so to speak, but once developed, runs a rapid course. No case of such origin has been reported as being cured. There are over sixty cases on record.

Westermack cites two cases of ovarian cysts associated with hydatiform mole. He believes the cysts were responsible for the moles. Both cases recovered after having been operated on for torsion of the cystic ovary.

These cysts vary tremendously in size. One may visit any one of a dozen large Eastern Gynecological Clinics time and time again and it is doubtful if a cyst larger than the human head will be seen, whereas in the South, which I am sorry to say is still somewhat retarded in medical advancement, they may attain immense proportions. In our own institution here in Spartanburg we have had three exceedingly large ones during the past year.

The parovarian structure, a rudimentary organ, consists of from six to thirty tubules, triangularly arranged and situated between the germ-bearing organs and the two Fallopian tubes. They frequently undergo cystic transformation, but are not, strictly speaking, ovarian cysts. Just external to these, at the fimbriated portion of the tube one finds the so-called cyst or hydatid of Morgagni, which, though practically always present, rarely attains a size of any moment. Most cystoma are attached either to

the ovary or the broad ligament on the affected side by a pedicle. Rarely the pedicle breaks and tumor floats free in the abdomen. It may, especially during parturition, be extended through the vagina, or pushed into and out by way of the rectum.

Cystic ovarian symptomatology varies with the mode of onset, rapidity of growth, size attained and complicating phenomena. Among these might be mentioned rupture of the sac, suppuration of the same, torsion of the pedicle, with or without strangulation, adhesions to the peritoneal surface, and malignant transformations. A cyst may be present for a long time and give no symptoms. It is without pain unless peritoneal or pressure symptoms develop. The wall may be cut, pinched, clamped, or sutured with no discomfort to the patient, but simple traction on the pedicle induces pain. The pain is felt along the pelvic brim and becomes more generalized as the traction is increased. Twisting of the pedicle gives pain varying in intensity with the degree of rotation. Slight twisting from time to time gives vague indefinite pains which disappear as the patient's posture changes, thereby undoing the twist. On the other hand, if the posture be changed in such a manner as to increase the degree of rotation, the pain will be intensified. Behan observes, therefore, that the presence of abdominal or pelvic pain in ovarian cysts means either a secondary change in the cyst, or the involvement of some sensitive, near-by structure, or the presence of some other condition independent of the cyst. As the mass enlarges, a diffuse, abdominal discomfort manifests itself, headache, frequently sub-occipital in type, develops, pains radiate down the thighs, nervous disturbances arise, a growth is felt to one or the other side of the uterus by recto—or vagino-abdominal palpation, edema of the lower extremities is not infrequent, urination and defecation may become impaired. Increased intra-abdominal pressure may lessen the daily output of urine; may push upwards the diaphragm, thereby impeding respiration, dislodging the heart and impairing its functions? In many of the large cysts of some duration the diagnosis may be made from the characteristic facial expression,—*faces ovariana*, so called,—confirmed, if need be, by a paracentesis abdominalis with an examination of the obtained fluid.

The prognosis as regards life in the absence of developing complications and of inter-current or organic diseases is good. As the mass continues to increase in size, it in time seriously interferes with locomotion.

The treatment of ovarian cysts is operative pure and simple. Medicinal agents have no action whatever, as the fluid is contained within a closed sac lined by its own secreting membrane. Puncture at most is but palliative, as the fluid is being continuously formed. Furthermore, tapping is associated with the danger of rupturing a large vessel in the sac wall, of carrying infection, is productive of adhesions, and may result in the lodgement of malignant cells in the abdominal wall as the trocar is being removed. Electrolysis is no longer advocated. If the cyst be unilateral and of sufficient size to cause annoyance, in the absence of general operative contra-indications, remove the entire ovary. If there be two cysts, one from each ovary, developing during the child-bearing period, treat them more conservatively. Remove the more diseased of the two ovaries, but preserve as much as possible of the one least involved. In many cases, considerable ovarian tissue may be saved by puncturing the sac, dissecting out its walls, or curetting the same and closing the opening in the ovary. Subsequently, if the patient shows any signs of hypo-ovarianism, administer two-grain doses three times a day of ovarian or Corpus Luteum extract. Supplement its action by similar doses of the extract of the thyroid, thymus, and pituitary glands. Prescribe a bitter tonic. Order daily baths, massage and forced feeding. Insist on a certain regulated amount of diurnal rest. Ten to fifteen-grain doses of strontium bromide should be given as a nervous sedative. Surgically, transplantation of human and animal ovaries have been attempted. These may be placed between the broad layers of the ligament or amid the tissues of the abdominal wall. Varying degrees of success follow such operations. Their failure lies chiefly in deficient vascularization. But few successful cases have been reported. Not infrequently the transplanted organ functionates for a few months, after which it slowly atrophies. If the cyst be an extremely large one, weighing fifty to a hundred pounds and containing several gallons of fluid, partially empty it by aspiration. Operate subsequently. This permits the abdominal and thoracic viscera to regain, to some extent prior to operation, their anatomic and metabolic equilibrium. Age is no contra-indication to operation. A number of women beyond seventy and a few even beyond the age of eighty have been cured.

The microscope shows malignant changes in one out of every four or five ovarian tumors. Early operation, therefore, be-

comes imperative. The nature of the operation depends upon the condition found on opening the abdomen. "This dispells the darkness and reveals the light of day." Each case is a law unto itself and the surgeon must act as the exigencies necessitate, remembering, however, that conservatism is supplanting radicalism, as regards the ovaries, with the same degree of rapidity as are traumatically injured extremities now being preserved that once were sacrificed to serve the insatiate cravings of a blood-thirsty surgeon.

Case Report.

Patient was admitted to the hospital July 21, 1915. She was a white woman, the wife of a Carolina planter, and was fifty-seven years of age. Her family history was negative as regards cancer and tuberculosis. During childhood she had pertussis, scarlatina, and varicella. Her menses began at thirteen, recurred regularly, persisted for four days and were painless. They ceased when she was thirty-seven. She has conceived and carried to term six children, the seventh and last miscarried at the fifth month, when she was aged five and thirty.

The present trouble began two years ago, when she first noticed an enlargement of her abdomen. She ascribed it to "bloating." It progressively increased, however. During the past two months it has grown more rapidly than during any previous two. At the beginning of this time her feet and legs began to swell. Her eyelids have not puffed. Denies dyspnoea. Has had a few dizzy spells. Has continued the major portion of her household duties.

Physical Examination.

Patient's face, neck, and upper thorax were all thin and wasted. She appeared anemic. The general fascies suggested ovarian cyst. Respiration was largely confined to the upper thorax. The apex beat was seen in the third interspace at the nipple-line. The upper extremities were long, thin and wasted. The muscles appeared flabby. The fingers were slender and showed a few Heberden's nodes. The back was negative. The spine was not curved. The abdomen was tremendously enlarged. It bulged in the median line and overhung the pubes. Large dilated veins were seen winding their way towards the umbilicus from all parts of the abdominal wall. The splenic and hepatic borders were not palpable. The lower limbs were markedly endemic. Tortuous veins were prominent on the feet and legs, in fact, a varicose ulcer was present on the right tibial surface.

Palpation confirms the position of the

apex beat. Vocal fremitus was not increased. The arm muscles were soft. The abdomen was very tense, in truth, it was drum-like. The wave of fluctuation was readily elicited.

Abdominal percussion reveals generalized flatness, with a small area of tympany in each flank. Shifting dullness could not be demonstrated. The upper border of the liver was found in the third interspace. Normally, it corresponds to the fourth.

Circumferentially, the abdomen measured at the Ensiform cartilage thirty-eight, at the umbilicus forty-nine and one-half, and at the pubes forty-five inches. From the tip of the Ensiform to the umbilicus the distance was twenty-two inches, while to the pubes to the same point the tape measured twenty-seven and one-half inches. Truly it was a tremendous abdomen. The patient weighed one hundred seventy-nine and one-half pounds.

Examination of her blood showed the normal coagulation time, but a moderately severe secondary anemia. Examination of the urine revealed a trace of albumen, a few casts, and an exceedingly low urea output.

Three days after admittance to the hospital she was catheterized and then tapped. Four and one-half gallons of fluid were removed. The abdominal wall, of course, relaxed to a certain extent and a tight binder was applied. Still the abdomen seemed markedly enlarged. This fluid was dark brown in color, of a syrup consistency and contained a number of cholesterin crystals, many red blood cells, some epithelial cells, and a few leucocytes. Both the Guaiac and albumen tests were strongly positive. Four hours after tapping she passed 480 c. c. of clear urine. In the first twenty-four hours she voided 1600 c. c., the second day 3,430 c. c., the third day 2,020 c. c., at the end of which time her extremities were free from edema.

Subsequently to the puncturing process the Ensiform cartilage was found to be fixed with its tip pointing upwards and forwards from previous intra-abdominal tension. A large mass was also palpable in the left upper and a lesser one in the lower right abdominal quadrants. These were thought to be small cysts springing from the large original cyst. Shifting dullness could now be demonstrated. The urea percentage gradually increased, and the total urinary output went up day by day.

Her abdomen was opened nine days after admittance to the hospital. The sac wall was found adherent at many points to the

parietal peritoneum. A larger trocar was pushed into the cyst cavity and three more gallons of the fluid were withdrawn. The pedicle was clamped, ligated, and divided. The sac was removed. The two masses described above were found to be smaller cysts. The left ovary and tube appeared to be perfectly normal. The abdomen was closed and the patient made an uneventful recovery.

The sac itself after all fluid had been removed weighed nine and one-half pounds. Twelve days later she was again weighed while standing, and the sac with its contents, i. e., the seven and one-half gallons of fluid that had been removed were found to have weighed approximately five and eighty pounds.

195 North Converse Street,

Spartanburg, S. C.

Useful in Malarial Fever.

While the specific for malaria is universally known to be quinine, it is a fact gleaned from clinical experience that its value is largely increased by using Phenalgin coincidentally. Observation in malarial districts has shown that Phenalgin not only materially enhances the action of quinine, but often prevents certain of its disagreeable effects like tinnitus, headache, etc. In the routine treatment, therefore, of malarial fever the employment of Phenalgin in conjunction with quinine, can be relied upon to accomplish more prompt and satisfactory results.

Making Cod Liver Oil Palatable.

The exceptional food value of cod liver oil has never been questioned, but the problem which has confronted physicians since the beginning of its use, has been, how to make it sufficiently palatable for delicate stomachs, and yet sacrifice no part of its therapeutic value.

This problem has been admirably met by the manufacturers of Cord. Ext. 01. Morrhuæ Comp. (Hagee), for they have succeeded in preparing a cod liver oil product which is not only palatable, but further still, has not suffered the least loss of those essential elements which make the crude oil such a high-class reconstructive.

Cord. Ext. 01. Morrhuæ. (Hagee) will prove particularly agreeable to women and children.

The Treatment of Dysmenorrhea.

As the general practitioner knows only too well, dysmenorrhea is productive of

much pain and misery. Especially does it often severely handicap the working woman, since if not relieved by a safe and effective remedy, it renders her temporarily either unfit for her daily vocation, or compels her to fulfil her task under circumstances which essentially lower her efficiency. Naturally many women when suffering from this distressful condition have recourse to opium or some of its numerous preparations, which to use an old adage, is, for the one afflicted, like "jumping from the frying pan into the fire." True, the pain will be relieved, but there is always the liability of establishing a habit, in addition to the other evils to be feared from the employment of opium or its derivatives. Fortunately it is rare that such drugs need to be used, except in the most exceptional cases, for in Phenalgin the profession have an excellent substitute, a remedy that exerts a thoroughly dependable anodyne or analgesic effect, without exercising at the same time any depressing or injurious action. Stated in brief, Phenalgin can be relied upon to control the severe pain of dysmenorrhea in all but the rarest cases, without the dangers or sequelae of other pain-relieving measures.

Before and After Childbirth.

Childbirth is always attended by more or less danger and discomfort. Too often the extra burden a prospective mother has to bear overtakes her nutrition and strength.

The mother who nurses her baby also frequently has to have supportive treatment to enable her to meet the demand placed on her bodily metabolism by the needs of her growing offspring. At such times of stress effective tonic treatment is always required and clinical experience has clearly shown that no remedy is so serviceable from every standpoint as Gray's Glycerine Tonic Comp.

Used throughout the later months of pregnancy and during the puerperium, it gives to the mother the exact stimulus and support needed not only to carry her through a trying period but to fit her for the still more exacting one of lactation.

Free from contraindication, it is the one remedy that the practitioner can employ before and after parturition with absolute certainty that its effects will never be harmful but invariably beneficial and helpful.

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EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

THE SOUTHERN MEDICAL ASSOCIATION MEETING IN DALLAS.

The ninth annual session of the Southern Medical Association was held in Dallas, Texas, November 8-11 inclusive. Dallas is a great city throbbing with life and quickened with modern progressive spirit. It fearlessly undertakes and carries to successful achievement propositions of magnitude that might well be deemed worthy of the most earnest endeavor of municipalities of half a million people. "It's the Texas spirit," I was told over and over again.

The location of one of the Federal Reserve banks, (and the only one of the 12 that owns its handsome home, admirably arranged and desirably situated in the very heart of the business district.) The center of many of the great railway systems traversing the South and West, strong commercial houses making it a great distributing point, an exceptionally fine population drawn from the best of many states with a strong infusion of the most virile blood of the Lone Star State, the seat of one of the greatest universities the South is now building, its future growth and inspiring greatness is easy to conceive. On every hand, and in almost every department of human activity, is seen evidence of the splendid spirit of thrift and enterprise worthy of the best and determined to be satisfied with only what the dictum of the world says is supreme.

In a single feature only, of the things that go to make a great modern city, was there indications of a failure to embrace to the fullest the opportunities of the best in modern life, and that lies in a faulty and undeveloped public health service which at this time lags far behind the more progressive cities of North Carolina. For instance Asheville or Wilmington in matters like milk inspection, etc. are half a generation in advance of Dallas. But this state of things will continue only a few months, for the impetus of the great meeting of the S. M. A. in the city will rapidly push forward developments in its vital line until a twelve-month hence it is safe to say it will rank as one of the best sanitated cities

extant, for "that's the 'Texas spirit,'" you know.

Dr. Oscar Dowling, President of the Louisiana State Board of Health, and President of the Association, did the honors of his exalted position with dignified graciousness. A graduate of one of the South's great Universities, (Vanderbilt 1888) he has achieved success in his specialty (O.A.L.R.) and later in developing the health service of his home state to the point where it receives national recognition for its splendid development.

Dr. Seale Harris, the zealous Secretary, but recently domiciled in his new offices in Birmingham, Ala., where he bids fair to carry with him his fine Mobile reputation in his field of professional work (O.A.L.R.) was as usual, the busy, alert, accurate and efficient official whose labors have, untiring and well conceived, contributed possibly to a greater degree than those of any other person to the attainments of the association. It is almost superfluous to record that Dr. Harris was unanimously reelected.

Various addresses were given by leading members of the profession in several of the churches the Sunday evening preceding the beginning of the formal sessions on Monday when the Public Health Section began its work in which the public were invited to participate by their presence. "Community Health Work" was presented by Dr. Jno. A. Ferrall of the Rockefeller Foundation. Dr. Allen W. Freeman U. S. P. H. Service, "The Sanitation of the Small Town"; Dr. J. Howell Way, "Rural Sanitation in the South" with special reference to the work being done in North Carolina; Dr. Graves (University of Texas.) "The Menace of the Negro Race to Health in the South" and several other papers were heard by large audiences and appreciated apparently. Dr. A. T. McCormack of the Kentucky State Board of Health on a "National Health Program" presented one of the most attractive papers of the session. Dr. Rupert Blue's address on "Sanitary Preparedness" received much local attention in the press and deservedly so. Dr. J. C. Bloodgood, Baltimore, on "Cancer"; Hon. Waldo, New Orleans on "Patent Medicines and the Law"; Dr. W. S. Leathers, University of Mississippi, on "Malaria"; Dr. Isadore Dyer, New Orleans on "The Sex Question in Public Health" were papers of high grade and attracting attention. Dr. W. L. Rodman, President A. M. A., presented the "National Board of Medical Examiners."

Various other papers were considered in the public health section and were well attended by the public. Dr. L. B. McBrayer, Asheville, N. C., was elected Secretary for 1916 of the section.

In the Practice of Medicine section the initial paper was by Dr. Lewis W. Elias, Asheville, N. C. It was well prepared, and made a most favorable impression for its talented author. Ten papers were arranged in a Symposium on Tuberculosis, five of the authors being W. N. C. physicians: Drs. Thompson Frazier, Chas. L. Minor, L. B. McBrayer, Silvio VonRuck of Asheville, and Mary Lapham, Highlands. Without intending to be unduly discriminatory it was manifest that with the single exception of the strong and forceful paper of Dr. S. E. Thompson, Carlsbad, Texas, the honors of the symposium were accredited the bright representatives of the Carolina mountains who are unquestionably as authoritative in practical pathisology as may be found anywhere today. Dr. Thompson Frazier, Asheville, N. C., was elected Secretary of the section for 1916.

Pellagra was the subject of much informal discussion in the corridors and by Stuart McGuire, on behalf of the em-lobbies during the week, and a Symposium was held the final day's session at which several papers were presented dealing with varying phrases of this interesting subject. Contrary to expectation, and possibly to the disappointment of many, Dr. Goldberger U. S. P. H. Service, did not put in an appearance to make farther announcement of his findings of the specific nature of pellagra etiology. Neither papers nor discussions developed other than what has been known for some time relative to the disease. In fact, when it is considered how much the subject has been in the limelight since Goldberger's report of some weeks since, the papers and discussions did not evoke the deep interest expected. Surgeon General Rupert Blue (an honored son of North Carolina, having been born in Richmond County) was reported early in the session in the Dallas press as having pronouncedly favored Dr. Goldberger's pellagra theory as settling the etiology of pellagra, and yet with this dictum of high authority it was manifest to one following the informal discussions that so often included pellagra and Goldberger's theory, that the general run of those present did not accept his findings, and with Missouri like questioning yet await the coming of still another Moses of pellagra pathology who will corral and

lead the doubting Thomases. Many admirable papers were presented in Practice, and it was unquestionably one of the best sections of the session.

The Association of Southern States Railway Surgeons held its annual meeting Monday and was well attended. The program was not large, but of high grade, being contributed to by Drs. J. C. Bloodgood, Baltimore; Southgate Leigh, Norfolk, Va.; W. W. Grant, Denver; Duncan Eve, Nashville; W. M. Crawford, Hattiesburg, Mich.; Jere L. Crook, Jackson, Tenn.; and others. First Aid work in railway injuries, and strong pleas for simple initial dressings, treatment of fractures, after treatment of railway injuries, floating kidney and its legal significance, and transportation of injured, were the principal topics considered. Dr. Southgate Leigh, Norfolk, Va., was elected Chairman for 1916.

General Surgery was opened by a forceful address by the Chairman Dr. Bacon Saunders of Fort Worth, Texas, and was a valuable contribution to the study of periosteal function. Papers coverying varying phases of abdominal surgery, cancer, etc., came from gifted leaders of the profession including such names as Stuart McGuire, Guy L. Hunner, J. C. Bloodgood, J. Shelton Horsley, Claudius Potts, Duncan Eve, Southgate Leigh, W. L. Rodman, H. B. Gesner, Michael Hoke, J. H. Blackburn, Richard A. Barr, Rudolph Matas, F. C. Walsh and others of the South's leaders in Surgery. Dr. F. Webb Griffith, Asheville, presented a thoughtful paper on "The Sterile Woman." Dr. Stuart McGuire on "The Post Hospital Care of a Surgical Patient" was one of the papers that will be read with interest by those not fortunate enough to hear the skilled surgeon deliver it in person. The papers and discussions of the section were pronounced by men competent to judge the equal of these of any medical society in the country. Dr. F. Webb Griffith, Asheville, N. C., was elected Vice-Chairman for 1916.

The Eye, Ear, Nose and Throat workers were strongly in evidence, and their special section one of the best. It was presided over by Dr. J. B. Greene, Asheville, N. C., who made a fine presiding officer and was complimented for his fine address as chairman and his readiness and dispatch in promoting the work of the section.

Drs. C. W. Banner, Greensboro, N. C., and J. G. Murphy, Wilmington, N. C., were listed on the program along with

more than two score other leaders in the fields covered by the section.

In short the Dallas meeting was a great one in every respect, worthy of the great state, worthy of the strenuous efforts put forth by the men responsible for the success of the occasion. Possibly excepting only the session of the A. M. A. in New Orleans in 1903, it was the largest aggregation of medical men ever assembled together in the South, and as a meeting of doctors, this was a far more successful meeting than the A. M. A. meeting of 1903.

The social program was elaborate and complete without being too obtrusive or taking more than its proper proportion of the Association's time. The Smoker at the Hotel Adolphus Monday evening, with its delightful refreshments and other enlivening entertainments was an ideal get-acquainted-with-each-other gathering. The President's Reception in the beautiful Scottish Rite Cathedral, with its hundreds of gallant men and fair women was an inspiring sight and a most felicitous occasion. The Banquet on Wednesday evening, at which covers were laid for fifteen hundred doctors was one of the happiest of such affairs. The alumni of the various colleges represented in the membership of the S. M. A. were crumpled together, and as the festivities went merrily on, many pleasant reunions of former college mates were held, and with the renewing of old ties of *alma mater* often, pleasing foundations were made for the making of new ones.

The "Seeing Dallas Motor Luncheon," more particularly arranged for the visiting ladies was participated in by some 200 of the wives, daughters and lady friends of the doctors, not forgetting the lady M. D.'s, as well, and included a four course luncheon and a motor trip to many of the city's attractive places. A single course was served, then a drive, another course at another place; an arrangement conducive to sharpened appetites and comforting digestions.

A pleasing incident at the President's Reception was the presentation to Dr. and Mrs. Oscar Dowling (recently wed) physicians of the Southern Medical Journal, of a hand-some piece of silver. The gift was graciously received with appropriate response by Dr. Dowling amid much applause.

The journal session of the Woman's Southern Medical Association was held during the week and was reported by the lady members as having been a very satisfactory session. Chattanooga and

Atlanta each sought the 1916 session, but Atlanta easily won with a large majority in her favor.

Numerous dinners, theatre parties, auto-trips, minor receptions honoring various of the visiting doctors, and sundry other minor entertainments, were harmoniously blended into the heavier scientific program of the week, and with its two days of clinics Friday and Saturday, wrought the ineffable conviction in the mind of everyone fortunate in being an attendant at the Dallas meeting that only most happy recollections could be carried homeward of the great session of 1915 always coupled with pleasing remembrances of the many evidences of the charming hospitality so lavishly dispensed by the dear delightful people of Dallas, a lovely and loving city of the fair South.

J. H. W.
(A Texan born.)

INCOMES OF SOUTHERN MEDICAL MEN.

The incomes of physicians have always, and doubtless will continue to be, the subject of much speculation and friendly exaggeration by the friends of the doctor whose income from his professional work is under discussion without anything very definite becoming known. Of all men of the community it is perhaps safe to say, for the appearance of prosperity he is expected to, and does usually, assume, the doctor of medicine has the smallest actual income and comes nearer paying full price for all his purchases than possibly any other individual in the community.

Of interest in this line is the list of Richmond, Va., incomes for the past year, taxed as per a recent publication from the office of the state auditor of Virginia. In this state there is an exemption of incomes not in excess of \$2,000.00.

Richmond, Va., had during the year under consideration slightly in excess of four hundred physicians, a few reside without the city and pay taxes in the county, of the number in the city proper, 33 pay taxes on gross incomes of four thousand dollars or over, including the exemption of the first two thousand dollars.

Of the practitioners with gross incomes of \$4,000.00, eight are medical men and two are surgeons. Those running over five thousand include four medical men and three surgeons. Of \$6,000.00 incomes, four are physicians. Of \$7,000.00 incomes, the three taxed are physicians.

Of \$8,000.00 incomes, one only is listed; a specialist in eye, ear and throat. Of \$9,000.00 incomes there are listed two, one an internist, the other a surgeon. Of \$10,000.00 incomes only two are listed; one a surgeon, one an eye, ear, nose and throat specialist. One surgeon is listed in excess of an \$11,000.00 income; an amount only exceeded by two, one a very well known surgeon taxed on an income in excess of \$23,000.00, and the other, one of the South's most famous surgeons, listed at excess of \$42,000.00 gross income.

J. H. W.

DEATH UNDER ETHER ANAESTHESIA.

The recent death of a negro woman under ether anaesthesia who had suffered serious injuries at the hands of another negro for which she was undergoing operation at the Virginia Hospital, was the subject of a coroner's enquiry at Richmond, Va. last month. The coroner's "jury found that the girl died while under the influence of ether administered in the performance of a surgical operation which was necessary as a result of stabs and kicks murderously inflicted upon her by Andrew Brown, and they (the jury) are of the opinion that neither the operating surgeon nor the anaesthetist should be blamed for the death." According to the lay press it has been agreed that the hospital should hereafter have the services of a regular anaesthetist, though the surgical staff regard the internes who have habitually administered anaesthetics in the institution as perfectly competent anaesthetists. That the verdict of the coroner's jury was in all probability a correct one, everybody familiar with the careful and competent surgical staff of the Virginia Hospital will readily believe.

However one question will naturally arise in connection with the death under ether, and that is: will it ever be possible to secure the publication of all the deaths occurring under ether anaesthesia?

Chloroform was a generation or more ago, placed under the ban by H. C. Wood and other medical teachers of the Eastern Colleges of medicine, and to lend added emphasis to their statement it was repeatedly given out that no deaths occurred under ether anaesthesia while deaths from chloroform were relatively frequent, and they taught it "little less than criminal to make use of chloroform anaesthesia."

Manifestly deaths do occur during the

administration of ether anaesthesia as well as under chloroform anaesthesia, and it behooves all practitioners of medicine and surgery to never forget that any condition of anaesthesia, no matter what be the anaesthetic administered, is a condition fraught with a measurable degree of danger, and where possible the anaesthetic should be given by an experienced person.

J. H. W.

THE GENERAL HOSPITAL IN SMALL COMMUNITIES.

Greenville, N. C. and Pitt County citizens are taking steps to secure a proper general hospital in Greenville. With the excellent medical men in that county it will indeed prove a benediction to the Pitt people to secure the erection and equipment of a first-class community hospital.

Better professional work can be done in a modern hospital than without, and in small communities the financial burden of construction and maintenance should rest where it properly belongs—upon the people and not upon the medical profession. There is no more real reason why medical men should assume the expense of building and equipping a community general hospital than there would be for the lawyers in a county or town to bear the expense of the erection of a new court house or jail, or for the ministers of a community to pay for the construction of a new church.

Like the physicians, the men of these mentioned vocations in larger part, "make their living" in such buildings, equipped and maintained at community expense, and it never occurs to any one to suggest they bear the expenses incidental to erecting the court houses, jails, or churches.

Certainly any community is better off with, than without a general hospital, and the time is certain to come, and that not far distant, when it will be considered as vital a part of a county's expense to erect and maintain a county hospital as it is regarded today a part of the county's duty to its citizens to have a good court house, a comfortable jail, and proper facilities for the care of the poor provided for.

Only recently a superior court judge holding court in Haywood County gently intimated to the chairman of the board of county commissioners that if he failed to have a proper modern heating plant installed in the county court house he would have him placed in jail for con-

tempt of court. This especially for the comfort of litigants and attorneys during not exceeding four weeks of court during the wintery season. The community approved the judge's order, and rightly so. But we have not yet socially evolved to the point where there is quite so much interest taken in the matter of arranging for the comfort, care, and restoration to health of the sick and afflicted members of the community as is demanded for the comfort and conveniences of the litigants, the criminals and the attorneys of a community.

If the real facts were known to all medical men as regards the expense of management, the movement that has crystallized in so many of the small cities of the South in the disposition of many capable surgeons to own and operate small hospitals, would give way to the cultivation of a sentiment for community ownership and financial responsibility. Many an excellent and capable physician starting off in life with every possible indication of being a professional and business success, has been sadly hampered in his finances by yielding to the suggestions of local friends, his own desire to do his work in the best possible way, plus a certain amount of personal pride in owning his own private hospital, and starting a small hospital.

Once opened it is hard to close the doors of a private hospital without making at least an implied confession of failure, distasteful and humiliating as such would be, hence the doctor who starts a private hospital in the small city struggles on and on with his burden and if able to keep it open does so footing the losses from his practice otherwise; and later he passes into his heavenly reward with his family deprived of the protection his labors in the community justly entitled them to receive.

Physicians have a manifest duty to the community to assume a role of helpful leadership in providing hospital accommodations in every county, but a due appreciation of all the facts and responsibilities involved, will cause thinking men within and without the profession, to arrive at the conclusion that the erection and maintenance expense incident to having hospital facilities in small cities should be borne by the community at large and not as a burden on the physicians.

J. H. W.

EXPULSED FOR FEE-SPLITTING.

The Missouri State Medical Association three years since adopted very stringent regulations as regards the matter of fee-splitting, and it is worthy of note that a physician has just been expelled from one of the Mo. county societies for splitting fees. This affliction of the profession appears to have disturbed practitioners of the East, and more particularly large cities than it has affected conditions in the South and more particularly the rural districts.

Happily it is we believe, an unknown factor in the relations between surgeons and other specialists and general practitioners in North Carolina, and it is safe to say that it will continue to interest tar-heel medical men merely as a pathological condition affecting their brother in sections and states having lower ethical standards in the main body of their practitioners.

Up to this hour the writer has never heard of a regular physician in this state offering, asking, or receiving a cash bonus for carrying a patient to a certain operator or consultant, and it is hoped he never will. Such is repulsive to all our best professional sentiments and traditions, and practice and is alike degrading both the giver and recipient.

Let the general practitioners charge for their services in consulting with, and for their time as well, in carrying patients to operators, but continue to properly regard the operator or the specialist as justly entitled to his proper compensation and fraternally assist him in securing it. Frankness and fraternity, on both sides, in dealing with patients referred to specialists, or sent or carried for operation, will always be both appreciated by patients and approved by all reputable honest men of the profession. We cordially commend the action of the Missouri society, but trust it will never become necessary to resort to such measures in the Old North State or to even see the records of our state society contain resolutions or discussions suggesting there might exist a necessity for such procedures.

J. H. W.

COLLECT 1916 STATE SOCIETY DUES EARLY.

With the beginning of the new year the State Medical Society dues in North Carolina and in most of the states are due and should be promptly collected by the secretaries of the county societies. It is quite as easy to make these collections

early in January as it is weeks or perhaps months later, may be just prior to leaving for the state society meeting. Early collection of the dues on the part of county society secretaries enable him to make his reports to the State society in ample time and aids in preventing the omission of the name of some worthy doctor from the printed list in the volume of transactions which is far more liable to occur if the reports from county society are delayed until the last week or hour perhaps. In North Carolina the state society meets a full two months earlier than usually the case for the past fifteen or more years, hence the added importance of early collections and prompt reporting from the county societies to the state society.

J. H. W.

Editorial News Items.

Dr. Raymond Pollock, of Kinston, N. C., has associated himself with Drs. R. Duval Jones and J. F. Patterson of New Bern, N. C., and will be one of the staff of physicians of the St. Luke's Hospital, New Bern, N. C. Dr. Pollock is a splendid young physician and we predict for him in his new field success.

Dr. W. I. Pitts, of Lenoir, N. C., was married on November 10th to Miss Maude England, also of Lenoir. Miss England is an accomplished lady having been at the head of the music department of Lenoir Graded Schools for some years. Dr. Pitts is a very fine professional young gentleman. He has taken a high stand among his medical friends in that section of the State. He graduated from the Medical University of the South, Sewanee, Tenn., in 1903 and joined the State Society in 1911.

Dr. James Murphy, Bristol, Tenn., died on November 1th. He had been in active practice for nearly sixty years and during this time was regarded as one of the most prominent physicians in this section of the country.

The New Hanover County Medical Society, after remaining for a year or two in a very inactive state has been reorganized. On the 9th of November a very interesting meeting was held. It is supposed and is predicted that this society will develop into a very important factor in the community from every standpoint of medical activity.

All public health workers, pharmacists

and dentists will be invited to become associate members of the organization and will be urged to lend their assistance in helping the society to be of service to all its members as well as to the entire community. Provision was also made for inviting colored physicians of reputable standing to attend the meetings of the society, which will hereafter be held monthly in the Chamber of Commerce.

So far as known Wilmington is the first city in the South and one of the very few in the entire country to widen its scope to include others in addition to members of the medical profession. It was also decided at this meeting to divide the society into sections which will be devoted particularly to the study of a specialty and each section will submit reports at the monthly meetings. These changes in the organization were made upon the recommendation of a committee which was appointed several weeks ago.

There was a large attendance at the meeting which was held in the office of the mayor at the city hall and there was evidence of increased interest in the work of the organization. The physicians of the city are manifesting a most commendable spirit of public service and the present plans for making the society one of real service to the community has aroused greater enthusiasm than has been evident in years.

Dr. John C. Wessell, president of the society, presided and a record of the proceedings was kept by **Dr. Ernest Bulluck**, secretary of the society. All of the new additions to the medical profession, who have recently moved to the city, were received as members.

Eloquent tribute was paid to the members of the society who have died within the past two years, the papers being appreciative sketches which were prepared by different members of the society. Those in whose memory papers were read were **Dr. E. W. Bulluck**, **Dr. A. D. McDonald**, **Dr. Thos. S. Burlbank**, **Dr. M. M. Caldwell**, **Dr. J. H. Bornemann**, **Dr. Chas. T. Harper** and **Dr. Frank H. Russell**.

The division of the society into sections is expected to contribute greatly to the improvement of its work. While the sections are devoted to a special feature of medical practice in a general way, the different members of each section will make studies in more specialized fields in which they may be interested which will be embodied in reports to the society. The different sections with the members of each are as follows:

General Surgery—Dr. Slocum, chairman; Drs. Bellamy, Graham, Dickey, Pridgen, Strosnider, Wessell, Wood, Sidney, Schonwald, Willingham, H. Moore, Stovall, W. Hall and P. P. Causey.

Public Health—Dr. Nesbitt, chairman; Drs. Thames, Carroll and Mr. Catlett, (associate).

Eye, Ear, Nose and Throat—Dr. Koonce, chairman; Drs. Galloway, Tait Moore, Honnet, McGwin and Murphy.

Gynecology and Obstetrics—Dr. Akerman, chairman; Drs. Bolles and Croom.

At a Meeting of the Richmond Academy of Medicine and Surgery on November 9th, Dr. B. R. Tucker read a paper entitled, "Pituitary Disturbances in Its Relation to Epilepsy." Dr. F. M. Hanes also read a paper of considerable interest entitled, "An Experimental Study of the Intraspinal Method of Therapy in Syphilis of the Nervous System."

The Pee Dee Medical Association of South Carolina held its annual meeting in Florence, S. C., in the parlors of the Florence Hotel on November 19th. The meeting was largely attended and much enthusiasm was exhibited. Various matters of importance to the physicians were taken up for discussion and action. A number of valuable papers were read by distinguished physicians on topics of great importance. The main speaker of the day, however, was Dr. G. A. Neuffer, of Abbeville, president of the South Carolina Medical Association. His address was well received and one of considerable value. Dr. Julius H. Taylor, of Columbia, S. C., was another distinguished visitor. His address received many evidences of approval and appreciation. Dr. B. M. Badger, the retiring president, was not present on account of illness. The following officers for the ensuing year were elected: Dr. C. L. May, Bennettsville, President; Dr. J. S. Dusenberry, Conway, Vice-President; Dr. J. C. Lawson, Darlington, Secretary; Dr. Frank K. Rhodes, Florence, Treasurer. Florence was again selected as the place for the 1916 meeting, the date and hour to be named later by the president.

Dr. J. C. King.—At Staunton, Va., on November 11th at a meeting of the General Hospital Board of Virginia the resignation of Dr. J. C. King, superintendent of the Southwestern State Hospital at Marion, was tendered and accepted. Dr. King leaves the service of the State

to build or found a sanatorium of his own. Dr. E. H. Henderson, who has been assistant to Dr. King for several years, was elected to fill the vacancy.

The Memorial Hospital, Richmond, Va., on November 16th, lost three of its internes, namely, Dr. G. H. Rhudy, Dr. H. M. Doles, and Dr. W. S. Aiken. It seems that these young doctors were not satisfied with the quantity and character of the work that was assigned them.

The Suffolk, Va., County Medical Society met in the Municipal Building on November 18th. A very interesting program was given. The subject for general discussion was "Inflammation of the Gall-Bladder, Its Diagnosis and Treatment, Medical and Surgical." This paper was prepared and read by Dr. J. E. Rawles and was thoroughly discussed by the members present who were as follows: Dr. Joseph Leake, Dr. Thomas Sheffield, Dr. J. E. Phillips, Dr. R. H. Pretlow, Dr. D. L. Harrwell, Dr. E. R. Hart, Dr. F. J. Morrison, Dr. J. E. Rawles, Dr. W. C. Gibson, and Dr. C. E. Feddeman.

Dr. S. G. Slaughter, a prominent physician of Lynchburg, Va., died on November 15th. Dr. Slaughter had the confidence of the medical profession of his section of the State and was highly respected by his county. He graduated from the University of the City of New York in 1883 and joined the Virginia State Medical Society in 1901.

Dr. J. W. Wallace, of Concord, N. C., was recently married to Miss Helen Archey, also of Concord. The doctor is a very prominent young professional gentleman. He has built up a very desirable practice and is at the head of the Concord Hospital. Dr. Wallace graduated from the North Carolina Medical College in 1905 and joined the State Society in 1908. He is also a member of the Tri-State Medical Association of the Carolinas and Virginia, and is usually on the program for a paper in both of these organizations. He writes a splendid paper and his style of delivering it is very attractive indeed. Mrs. Wallace is the only child of the late Dr. L. M. Archey of Concord who, during his long and successful lifetime, accumulated considerable wealth.

Dr. Francis L. Galt, of Upperville, Va., died on the 18th of November at the age

of 83 years. He was a surgeon of the Confederate cruiser Alabama and had an interesting career. At the opening of the Civil War he was assigned to the ship St. Lawrence and later became surgeon on the Alabama and was on that vessel when it was sunk by the United States Kearsarge off Cherbourg, France. On his return to this country he took charge of a yellow fever epidemic on board the French ship Versailles in Hampton Roads and remained on board until after the scourge was passed. For this service he was rewarded by the French Government and was presented with a gold watch by Emperor Louis Napoleon. After the war he entered upon the duties of a general practitioner and continued this vocation until the time of his death.

The Health Report of Norfolk for October gives that city a population of 38,000. During the month they report thirty-seven deaths and seventy-eight births, the death for the white population being 9.08 and the colored death rate 20.39. The report shows 14 cases of diphtheria and three cases of typhoid fever developing during the month.

The Annual Meeting of the Petersburg, (Va.) Medical Society was held in that city on November 20th. It was largely attended and was of unusual interest. The officers for the coming year were elected as follows:

President, Dr. H. Aulick Burke; First and Second Vice-Presidents, Drs. J. Bolling Jones and C. S. Dodd; Secretary-Treasurer, Dr. L. S. Early.

After the meeting adjourned the members were banqueted at the Stratford Hotel. Several after dinner speeches were made. They were appropriate and very entertaining.

The Richmond Academy of Medicine and Surgery met at 8:30 o'clock in the auditorium of the Chamber of Commerce Building on November 22nd. Several very important papers were read. One entitled "Operative Results in Pelvic Surgery," by Dr. G. Paul LaRoque was very interesting, also one entitled "Systemic Poisoning With Bismuth," by Dr. W. H. Higgins.

The Fifth District Medical Society of South Carolina met in Gaffney, S. C., November 17th. The program was one of the best that the society has ever had and the attendance was very large. The address of welcome for the city of Gaff-

ney was delivered by N. H. Littlejohn, mayor of the city. The welcome for Cherokee county by Dr. R. T. Ferguson of the Cherokee County Medical Society. The reply was delivered by Dr. E. W. Pressley, of Clover.

Several very important and valuable papers were read. Among them was one by Dr. I. W. Faison of Charlotte, N. C., entitled, "The Care of the Child." This paper was commented on very favorably. Dr. Faison is one of the most prominent physicians in this section of North Carolina and no doubt his paper was one of great value. He has had much experience in the treatment of sick children and he has the confidence of the medical profession, not only of Charlotte but the surrounding county.

Other papers read and fully discussed were as follows: "Some Phases of Life Insurance Work," by Dr. T. A. Crawford, of Rock Hill; "Result of Nine Months' Vital Statistics," by Dr. J. A. Haynes, Columbia; "Medical," by Dr. W. B. Cox, Chester; "Cystoscopy and X-Rays in Diagnosing Diseases of the G. U. Tract," by Dr. R. H. McFadden, Chester; "Interesting Obstetrical Causes Occurring at Camden Hospital, Camden," by Dr. J. W. Corbett, Camden.

In the afternoon a luncheon was served at the home of Dr. R. T. Ferguson. Afterwards Dr. F. A. Coward, of Columbia, read an interesting paper. Dr. C. B. Earle, of Greenville, read a splendid paper entitled, "Diagnosis and Treatment of Cholecystitis." Talks were made by Dr. V. M. Roberts, of Blacksburg, Dr. J. I. Barron, of York, and Dr. J. A. Little, of Wilkesville.

Dr. J. McN. Smith, of Rowland, N. C., was married on November 17th at Harmon, Md., to Miss Roberta Andrew. Dr. Smith is well and favorably known in his section of the State and is regarded as one of our best young professional gentlemen. He graduated with honors from the Jefferson Medical College, Philadelphia, in 1908. He received his license from our State Medical Examining Board in 1908 and joined the North Carolina Medical Society in 1908. Dr. Smith has built up a very fine practice in Rowland and the surrounding country.

Dr. Clarence N. Peeler, of Charlotte, N. C., was married to Miss Blanche E. Gardner, of Wilkes-Barre, Pa., on November 23rd. Dr. Peeler is one of our most prominent physicians. He is thoroughly prepared. For several years he was a professor in the North Caro-

lina Medical College. Lately he has equipped himself and opened offices in Charlotte and has confined his work to the diseases of the eye, ear, nose and throat. Dr. Peeler graduated from the North Carolina Medical College in 1906, passed the North Carolina State Board of Medical Examiners and received his license to practice medicine in 1906 and joined the State Society the same year. He has been a regular and valuable attendant of the Society.

Dr. Yates W. Faison, of Charlotte, N. C., was married to Miss Mary Ward Cameron, of Birmingham, Ala., on Wednesday afternoon, December 15. Dr. Faison is a well equipped young professional gentleman having graduated at Davidson College and subsequently receiving the degree of M. D. at Harvard in 1910. He has had considerable hospital experience and has won a fine reputation. We predict for his married life success. Dr. Faison received his license to practice medicine in this State in 1910 and joined the medical society in 1912. He is the only son of Dr. I. W. Faison of Charlotte.

Dr. C. J. Oliveros, of Columbia, S. C., died on November 18th. He had been a practitioner of medicine in Columbia for many years and was a specialist on the eye, ear, nose and throat. Dr. Oliveros was born in Orangeburg, S. C., on May 23, 1866. He was the son of Dr. Esidero Oliveros who was a physician of considerable prominence in that section of South Carolina. Dr. Oliveros graduated from the Medical College of South Carolina in 1890. He subsequently procured the degree of doctor of medicine from the University of Maryland.

Bloomsbury Sanitarium is the name of a new institution located in Raleigh for the treatment of persons addicted to the use of drugs. The Sanitarium was opened in that city November 15th. It is nicely located on Glenwood Avenue and occupies the old Hinsdale property which has been enlarged and remodeled. Dr. B. B. Williams, of Greensboro, we understand, is largely interested in the institution. He has had long experience and a great deal of success in the treatment of drug and other similar habits. We predict for the doctor and his new hospital success.

The Board of Trustees of the Medical College of South Carolina met in Colum-

bia November 16th in the Governor's office. The following physicians were present: Drs. J. B. Black, C. N. Wyatt, S. B. Fishburne, R. E. Hughes, J. M. Davis, W. G. Houseal, D. R. Sturkie, W. W. Fennell, Robt. Wilson, Jr., and Oscar W. Schleeter. Many important matters were discussed and disposed of. A committee appointed at a previous meeting to draft a resolution of sympathy at the death of Dr. T. G. Croft, of Aiken, who was a member of the board, submitted the following report which was adopted:

"Whereas, an All-wise Providence has seen fit to remove from our midst our friend and associate, Dr. Theodore Gail-lard Croft,

"Be it resolved, by the Board of Trustees of the Medical College of the State of South Carolina.

"First, that in the death of Dr. Croft the College feels the loss of one whose attainments and breadth of culture have made a deep impression upon our school; one whose work among us was marked by great devotion to duty and philosophic spirit has been of inestimable value, and whose patient unselfishness won him the highest tribute from all;

"Second, that we extend his family our sympathy in their bereavement;

"Third, that a page of our book of deliberations be devoted to his memory; and,

"Fourth, that the secretary of this board be instructed to forward a copy of this resolution to his family."

The membership of the Buncombe County Medical Society at Asheville, N. C., accepted an invitation and attended in a body the evening services at the tabernacle of the Chapman-Alexander revival services last month.

James Walker Memorial Hospital.—Mr. and Mrs. James Sprunt, Wilmington, N. C., will erect an annex to the James Walker Memorial Hospital of that city for the treatment of children and nursing mothers at a cost of \$30,000.00 as a memorial to their daughter deceased several years since.

Dr. C. H. C. Mills, Charlotte, N. C., has acquired the interest of Dr. W. H. Crowell in the Woman's Hospital of that city and will conduct the institution on his own account.

Dr. Henry Q. Alexander, of Mecklenburg County, N. C., was recently for the ninth successive term elected president of

the North Carolina State Farmers' Union. Dr. J. M. Templeton, Cary, N. C., was elected Vice-President.

Dr. Ben Witt Key, of New York City was a recent guest of the Mecklenburg County Medical Society at Charlotte, N. C., presenting a paper on "Therapeutics of Ciliary Rest."

Dr. John Mann, Petersburg, Va., who is doing service in charge of St. Luke's Hospital, Tokio, Japan, writes interestingly of conditions in Russia and the Far East. Dr. Mann was for some time stationed at Klev and saw much of surgery of the Russian army. Commenting on the enforcement of prohibition in Russia he writes: "The people get along very well without intoxicants. The law against the sale of alcoholic beverages is strictly enforced. One Russian dealer was sent to Siberia for selling a bottle of champagne."

Hopewell, Va.—The recently started city of Hopewell, Va., is putting in a municipal water plant at a cost of \$80,000.

The Greenville, S. C., County Camp for tuberculosis was formally opened last month. This is the first county in the State to establish an open air-camp for the treatment of tuberculosis and much and lasting benefit is expected to accrue from its operation. Dr. J. A. Hayne, Secretary State Board of Health, was present and made an address, being formally presented by Dr. Davis Furman, president of the local anti-tuberculosis league which is largely responsible for the establishment of the camp.

Dr. L. B. McBayer, Sanatorium, N. C., is making arrangements throughout the State to greatly increase the sale of Red Cross stamps for the benefit of the anti-tuberculosis work far beyond the record of any previous year. Few towns in North Carolina will be without a Christmas stamp representative, and physicians generally over the State are lending their kindly co-operation in helping attract community attention and support to this most worthy purpose.

Greensboro, N. C., through its health officer, Dr. Fred C. Hyatt, is making a careful examination of every child of public school age in the city with a view to the correction of possible disease and abnormalities.

The City Health Department of Richmond, Va., has apparently established a connection between the autumnal prevalence of skin sores in children and the incidence of diphtheria in that city, and are advising against the admission of children with skin sores to the public schools.

Dr. J. W. McNeil, County Health Officer, Fayetteville, N. C., in a recent official report strongly advises the establishing of a workhouse for criminals in his county, and commends the affording of opportunities for labor for the health and happiness of the inmates of the county home also. Dr. McNeil is a well balanced practitioner of many years experience and there is wisdom in his thoughtful utterances upon any subject confronting medical men.

Portsmouth, Va., is reported taking steps under the advisement of their active health officer, to establish a tuberculosis colony.

The Eighty-sixth Annual Report of the State Hospital for Insane, Staunton, Va., has just been made. During the period 454 patients were admitted, being 133 in excess of any previous year. 265 were discharged cured. 111 deaths occurred; 6 from tuberculosis and 14 from pellagra. It is noted that greatly improved results followed the enlarging of the protein content in the diet of pellagrins. 1,489 patients were in the institution at the end of the term, while since its opening in 1828 10,268 have been treated, of which 3,140 have died, 3,639 have been cured.

South Carolina Board of Health.—One of the leading daily newspapers of Columbia, S. C., in a recent issue editorially makes complaint of the South Carolina State Board of Health for arranging for the making of Wasserman tests in the State laboratory, stating its belief that "If the State Board of Health is going to engage in any work which conflicts with private investments, as this possibly does, it should make proper financial reparation to the individuals who have had the pluck and enterprise to start public laboratories."

Dr. A. M. Fauntleroy, Staunton, Va., Professor of Surgery in The War College Washington, D. C., has returned from France where he went as detail to observe the casualties of warfare. 98 per cent. of the injuries he states are due to

shell wounds, emphasizing that it is a fever, small pox, measles and whooping war of artillery rather than of small arms, cough."

Dr. Westray Battle, Asheville, Surg. Gen. North Carolina National Guard, has also just returned from a trip to Belgium and France where he had opportunities for studying the actualities of warfare and enjoying the experience of having shells from both contending armies hurled through the air overhead while investigating conditions in the trenches of the allies. Dr. Battle returns to his native Carolina in the best of health, happy and bright as usual, and with added munitions to the stock of the chief raconteur of Carolina medicine whose only serious competitor is the charming Dr. R. H. Lewis of Raleigh, N. C.

Dr. Geo. Ben Johnston, Richmond, Va., returned last month from Chicago, Ill., where he went to reply to charges of unprofessional conduct preferred against him by Dr. Chas. V. Carrington, Richmond, Va. The charges were preferred before the Council of the A. M. A., and after a most careful investigation by the Council, Dr. Johnston was completely exonerated to the gratification of his many friends, both professional and lay in the Carolinas and Virginia.

Major Wm. F. Lewis, formerly of Kinston, N. C., for a number of years of the U. S. A. medical staff, has just been promoted to the rank of Lieut. Col. Med. Staff, U. S. A.

Dr. James M. Murphy, Bristol, Va., died recently at the age of 93 being it is said, the oldest active practitioner in the State of Virginia.

Dr. S. W. Pryor, Chester, S. C., the well known Surgeon, has accepted appointment as Chairman of the City Board of Health, associated with Drs. H. E. McConnell, A. M. Wylie, H. B. Malone and Mr. Jas. Hamilton.

The County Board of Health of Guilford County, N. C., has enacted a rigid quarantine law applicable to "diphtheria or membranous croup, scarlet fever and small pox, whenever in the judgment of the health officer it is necessary to prevent the spread of these diseases. The term communicable disease shall include every disease of a contagious, infectious or pestilential nature, particularly diphtheria, or membranous croup, scarlet

Dr. H. W. McCain, High Point, N. C., was elected a member of the county board of health Vice Dr. J. A. Turner deceased.

The Hendersonville, N. C., Hospital Association recently elected Dr. W. R. Kirk Chief of Staff and Drs. Howe, Brown, Dixon, Cliff, Drafts, Cranford, Mallett, associates. Dr. J. F. Cranford was elected dean of the training school.

At Newton, N. C., November 23, T. E. Leroy, of Gastonia, N. C., was convicted in the county court of illegally practicing medicine. Dr. H. A. Royster, Secretary State Board of Medical Examiners, was present at the trial. Leroy was only recently convicted in Gaston County of practicing without medical license and fined \$100.00, and when he sought to transfer the scene of his practicing to the nearby county of Catawba he was promptly arraigned in court and convicted. He promptly gave bond and appealed to the Superior court. Leroy acquired more or less local fame in three or four counties as the "noted German doctor," and it is claimed that since his conviction in Gaston County that he only consults with legal practitioners about his cases, doing his prescribing under cover of licensed physicians who work under his direction. That regularly licensed physicians are to be found who will permit such degradation of their professional license is a saddening illustration of the fact that though a man has studied an honorable profession and acquired through several years of study the right to practice it, yet he may, and at times evidently does, still fail to become indoctrinated with the higher ethical concepts of the traditional dignity of the profession that would spurn such a proposition as utterly beneath the standards of living of any decent doctor of medicine.

Dr. Seavy Highsmith.—At Red Springs, N. C., on November 21, 1915, Dr. Seavy Highsmith, of Fayetteville, N. C., one of the State's well known young physicians, was wedded to Miss Ethel Johnson, daughter of Mr. and Mrs. W. J. Johnson. Dr. J. Vance McGowan, Fayetteville, N. C., was best man. After an extended trip to Eastern cities Dr. and Mrs. Highsmith will be at home after the holidays at Fayetteville, N. C.

The Edgefield (S. C.) County Medical Society was held in Edgefield Tuesday, November 13th. Dr. A. R. Nichols is president and Dr. J. G. Edwards secretary of the organization. There was general discussion of a number of clinical cases which was followed by a discussion of some of the papers read before the Pellagra Conference in Columbia a week or two ago. The main feature of the meeting, however, was the discussion of the advisability of establishing a hospital at Edgefield. After a rather lengthy discussion a committee was appointed to look fully into the matter and report at the January meeting of the district medical society at Johnston, S. C.

Dr. Fred M. Hodges, of Richmond, Va., was on November 4th appointed by the Administrative Board assistant physician in the tuberculosis department of the City Home. This was brought about by the recommendation of Dr. L. B. Wiggs, chief of staff at the City Home.

Dr. J. M. Earnhardt, originally from Rowan County, was married November 10th at Germantown, Pa., to Miss Myrtle Bost of that city. Dr. Earnhardt graduated a year or two ago in the Richmond Medical College, Richmond, Va. He is a well equipped young professional gentleman, and we hope for him a long and prosperous life.

The Newberry County Medical Society (S. C.) met in Newberry on the 12th of November. The meeting was an unusually interesting one. Dr. J. M. Sease read a valuable paper which was fully and intelligently discussed. The society met in Dr. Pelham's office.

Dr. Emmett Boaz, a retired physician of sixty years died at Covesville, Va., on November 8th. Dr. Boaz was a very wealthy man, accumulating the most of his money by large fruit growing plantations. He graduated at the University of Virginia in 1877 and for a number of years enjoyed one of the largest and most lucrative practices in that section of Virginia. He was a very accomplished professional gentleman.

The Beaufort County (N. C.) Medical Society held its first meeting of the season at the Louise Hotel, Washington, N. C. The society was the guest of Dr. S. T. Nicholson. He welcomed the members and invited guests in the parlors of the hotel where the meeting was held.

Several valuable papers were read and interesting cases reported which were discussed by the members, and much profit was derived. This being the regular time for the election of officers for the ensuing year, the following were elected: Dr. J. C. Rodman, president; Dr. P. A. Nicholson, vice-president; Dr. H. W. Carter, secretary and treasurer. The newly elected president, Dr. Rodman, when he took the chair delivered a very interesting and valuable address on the needs and duty of the Beaufort County Medical Society. He invited the society to be his guest at its next meeting. After the adjournment the retiring president entertained the members at a six course luncheon which was greatly enjoyed.

The Augusta County (Va.) Medical Association met in Staunton, Va., on the 4th of November in the society rooms in the County Building. Many interesting papers were read. The new president, Dr. W. J. Hartman, presided. The clinical committee composed of Drs. J. B. Catlett, W. S. Whitmore and W. C. Roller, reported some very interesting cases. Dr. M. P. Jones read an excellent paper on "Pituitrin—Its Uses and Limitations in Obstetrical Practice." Dr. John L. Hankins, of Fordwick, had as his subject, "Podalic Version vs. Forceps," while Dr. M. J. Payne reversed the subject and spoke of "Forceps vs Podalic Version," and both papers were listened to with much interest and profit. Dr. A. L. Tynes, who has recently returned from attending some lectures at the Boston College of Medicine, spoke on "Acidosis in Eclampsia."

The charter was received which makes the Augusta County Association a part of the State Medical Association and members of the local association will hereafter be able to take part in the State meetings.

The Entertainment Committee had charge of the elegant course dinner which was served at the Country Club at the conclusion of the last session. Dr. F. J. Hanger was in a happy mood and acted well his part as toastmaster, and many responded to various toasts.

A number of Staunton physicians not members of the association were present by invitation and other guests were Dr. Cline of Harrisonburg and Dr. Lincoln, of Lacey Springs.

Dr. W. W. Stansell, assistant physician at the State Hospital for Insane, Raleigh, N. C., for the past several years

is doing postgraduate work in New York with a view of taking up his residence in 1916 in Montana. Dr. Stansell is a young man of great capacity, and will succeed in the profession wherever he goes.

The Membership of the Buncombe County Medical Society were entertained at dinner in his attractive home in Asheville, N. C. on the evening of December 6, 1915 by the President, Dr. Eugene B. Glenn. A pleasant evening was spent, the usual monthly essay being presented and the discussions had in Dr. Glenn's drawing room.

Dr. and Mrs. J. L. Edgerton, Hendersonville, N. C., have returned home from a six weeks trip to the Pacific slope.

Dr. Herbert Mease, Canton, N. C., has returned from a visit to a Baltimore Hospital where he spent some weeks and was greatly benefited. He has resumed practice.

The North Carolina State Board of Health, it is said, has authorized the instituting of formal action in the state courts to compel the town of Louisburg, N. C., to install a system of sewage purification as per order of the State Board issued to the town more than a year since. Raw sewage of Louisburg is discharged into the river from which a number of Carolina towns below derive their water supply. In turn some of them were compelled by order of the Board to install purification plants, and it is claimed Louisburg, though smaller in size, should not be exempt. Suit will be brought immediately and the issues determined in the courts.

Dr. Hubert B. Haywood, Jr., Raleigh, N. C., was elected recently physician to the North Carolina State Agricultural and Mechanical College, Raleigh, N. C., Vice Dr. H. McK. Tucker, deceased, from a large number of applicants.

Dr. Lucien Loftin, Emporia, Va., has removed to Richmond, Va., where he will devote his entire attention to genito-urinary disorders.

Lincoln and Catawba County Medical Societies.—At Lincolnton, N. C. December 6, there was held a conjoint session of the Lincoln and Catawba County Medical Societies. All were guests of Lincolnton physicians at a delightful dinner and a pleasant time was had.

The Ninth Annual Session of the Wilson County, N. C., Society elected the following officers for 1916:

President, Dr. D. S. Reed, Lucama, N. C.

Vice-President, Dr. W. S. Anderson, Wilson, N. C.

Secretary-Treasurer, Dr. C. L. Swindell, Wilson, N. C.

Delegate to State Society: Dr. H. B. Best, Wilson, N. C.

Alternate: Dr. L. V. Grady, Rock Bridge, N. C.

Dr. H. McKee Tucker died in Raleigh, N. C., November 25th at Rex Hospital from an attack of mastoiditis which was quickly followed by meningitis. An operation was performed without successful results. Dr. Tucker was thirty-nine years old. He was a graduate of the medical department of the University of Maryland. After his graduation he spent several years in the hospital of that institution. He was a highly successful practitioner and in recent years with great success devoted much time to the practice of surgery. Dr. Tucker was considered one of the most popular and prominent physicians in Raleigh. His personality was in every way attractive. He was very popular among those who knew him intimately. He had the reputation of being one of the most skillful surgeons in Raleigh or that section of the State. For several years he had been the A. and M. College physician. His professional relationship to that institution was always very cordial. In speaking of him the president, Dr. D. H. Hill, said:

"Since 1906 Dr. Tucker has been our physician. During these years no physician could have been more faithful and loyal to his trust. In every way his heart was in his work for the welfare of the young men under his physical charge. He was in his dealings with them sympathetic and large hearted. Night or day, on the ball field or on the street, he was always ready for service, no call from a student ever went without cheerful response."

The popularity of Dr. Tucker, the high esteem and affection in which he was held by the members of the medical profession, the people among whom he had ministered in his daily work as physician and surgeon and the people generally were exhibited at the great outpouring of the men and women at his funeral. The members of William G. Hill Lodge, A. F. and A. M., the members of the Raleigh

Academy of Medicine, the faculty, officers and students of A. and M. College were among the special representatives at the funeral. There were also thirty-two physicians there. It has been stated that this was the largest attendance of doctors ever seen at a funeral in the city of Raleigh.

When Dr. Tucker graduated at the University of Maryland in 1899 he was easily in the honor roll. When he went before the Board of Medical Examiners of North Carolina in 1899 his grade was among the highest. He joined the State Society the same year. In 1907 he was elected treasurer of the North Carolina Medical Society. He held that office for three years and would have continued to hold it longer had it not been for the fact of his being unable to attend the last meeting.

Dr. Tucker was certainly a very attractive young professional gentleman. One always felt easy in his presence and always felt benefitted by his conversation. He was unquestionably one of the most entertaining conversationalists it has been the pleasure of the writer to meet. When he differed with you in opinion his words or expressions were always helpful rather than unpleasant. He was always ready to express an opinion about medical affairs without waiting to know what the prevalent opinion was in his group of friends. That quality exhibited the fact that he was a leader of men.

In his death the North Carolina Medical Society has lost a good man, a gentleman of great value to the profession.

The Pasquotank-Camden-Dare Medical Society met in Elizabeth City on December 3rd for its annual election of officers. It met at the home of Dr. A. McMullan, of Pennsylvania and was entertained by him an elaborate course dinner. The entire membership was present with the exception of Dr. S. G. Wright of South Mills and Dr. C. W. Sawyer of Elizabeth City, who was out of the city at the time.

Dr. H. W. Hoggard, of Woodville, was elected president of the society for the ensuing year with Dr. J. B. Griggs, of Elizabeth City, vice-president. Dr. W. E. Peters of Elizabeth City, was elected secretary and treasurer. Dr. E. W. Lister, Wecksville, Dr. Celas Ferebee, South Mills, and Dr. R. L. Kendrick, Elizabeth City, were elected as board of censors.

Public Health Meeting in Charlotte. Dr. C. V. Reynolds of Asheville, N. C., and Dr. W. S. Rankin of Raleigh, N. C.,

spoke at Tryon Street Methodist Church on the evening of November 30th under the auspices of the health department of the Woman's Club, the Mecklenburg County Medical Society, the city department of health, and the Associated Charities with Mayor T. L. Kirkpatrick presiding. The title of Dr. Reynold's paper was "The Making of All Communicable Diseases Reportable, Especially Tuberculosis." This paper was listened to with a great deal of interest by a very large body of intelligent people. Dr. Reynolds is recognized as one of the foremost medical gentlemen in western North Carolina, especially is he well and favorably known as a specialist in lung diseases. The paper was full of many valuable suggestions to health officers and health workers and to everyone who is taking an active part in the organization of measures that will prevent the spread of tuberculosis.

Dr. W. S. Rankin read a paper entitled, "The Organization and Financing of a City Health Department." His long experience and his familiarity and knowledge of health work and his gift as a speaker all combined help to reaffirm the belief that he is one of the great men of the South in public health matters. Miss Sarah M. F. Babb, district nurse of Greenville, S. C., also read a paper entitled, "What Greenville is Doing for the Improvement of Public Health Conditions." It was well received and pronounced by those who heard it as a contribution of considerable value.

BOOK NOTICES.

Mothercraft.—By Sarah Constock. Illustrated. New York: Hearst's International Library Company. Price \$1.00.

This is a book written in popular language dealing with the preparation for the the coming baby, feeding it, looking after its growth, its physical preparation for life and the concluding chapters relate to the growing mind of the growing child. It is a good book and written in a very attractive style. The illustrations are quite appropriate and complete. It gives full directions as to the kind and thickness of clothes that a child ought to wear, both during the day and during the night. This is a very important thing for a child during the first few years of its life.

The importance of ventilation at different ages while asleep and while awake is a point clearly brought out. The

reference to feeding is possibly the most important chapter of the book. This is a subject which baffles our great specialists in the management of children. The comments about the cleanliness of the bottle every mother should be familiar with. Without this knowledge she is not capable of caring for her own child. Few mothers know the importance of giving a stimulating bath in the morning and a soothing one at night.

The book is full of fine practical points of this kind. Many physicians have ignored the importance of how a child should lie when it is asleep. If a child has a tendency to lie almost entirely on one side it is significant of spinal trouble of some kind and the mother should call the attention of her family physician to the fact.

We do not hesitate to recommend this volume. It is invaluable for the purpose for which it was written. We congratulate the author. She has contributed a great deal in this book to our knowledge in the management of these little people.

The Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Chas. L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume VI. General Medicine. Edited by Frank Billings, M. S., M. D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Illinois Post-Graduate Medical School. Series, 1915. Chicago: The Year Book Publishers, 327 S. La Salle Street.

In many respects this volume is superior to the average volume of this series. We hope that the medical profession appreciates the value of these volumes as they deserve. Drs. Finkle and Barnard give a report of an epidemic of typhoid fever after the prophylactic vaccine had been appropriately used. This is possibly one of the most interesting parts of the entire volume. They analyze 2,000 cases and anyone who is interested in this subject can find no better report than this in the fifth volume of this series.

Price of this book \$1.50. Price of the series of ten volumes \$10.00.

The Practical Medicine Series. Comprising Ten Volumes on the Year's

Progress in Medicine and Surgery. Under the general editorial charge of Chas. L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume VII. Obstetrics. Edited by Joseph B. De Lee, A. M., M. D., Professor of Obstetrics Northwestern University Medical School. With the collaboration of Herbert M. Stowe, M. D. Series 1915. Chicago: The Year Book Publishers, 327 S. La Salle Street.

This is a valuable volume dealing with interesting subjects. It deals principally with the physiology of pregnancy. It devotes 106 pages to this subject alone. 80 pages are devoted to labor. The balance to the puerperium and the new born babe. These four chapters cover all of the new ideas that have been coined or suggested for the last year or so on these subjects and anyone who is interested in the very latest knowledge concerning them can find nowhere a more complete discussion than in this volume, the seventh of this series.

As is usual, the book is very appropriately indexed. It contains 230 pages, about the usual size, and the binding is very beautiful and similar in style to all of the former volumes.

It has the necessary illustrations which are always so essential in all books or manuscripts.

An Epitomized Diagnosis of Gastro-Intestinal Diseases. Compliments of Reed and Carnrick, Jersey City, N. J. 1915.

While this book is given out in a way for advertising purposes, it contains many points of interest and value. We understand that it is the purpose or intention of the publishers to send a copy to each physician in the United States. The object of my referring to it here is to say that it unquestionably contains a great many truths and suggestions that it is well enough for a physician to know. The fact that it is published by a pharmaceutical house ought not to prejudice a physician against it.

Manual For Health Officers. By J. Scott MacNutt, A.B., S.B., Sometime Health Officer of Orange, New Jersey, and Member of the Board of Examiners of Health Officers and Sanitary Inspectors of New Jersey; Lecturer on Public Health Service in the Massachusetts Institute of Technology. With a Foreword by William T. Sedgwick, Pro-

fessor of Biology and Public Health in the Massachusetts Institute of Technology. First Edition. First Thousand. New York: John Wiley and Sons, Inc. 1915. Price \$3.00.

This is a very valuable book written by an authority on the subjects dealt with. Dr. MacNutt is a forceful and logical writer with a style that is attractive, the very opposite of tiresome. The aim of the volume is to give a general guide for health officers. Its scope, however, according to the author, as the work progressed was enlarged over that of a simple manual by the inclusion of a considerable amount of reference matter which it was thought would be thus available. Certain portions of the volume summarizing tuberculosis, infant hygiene and publicity work the author thought might be of service to persons engaged in the work of unofficial organizations concerned with those subjects.

Emphasis has been placed upon practical administration, the more abstract principles of sanitary science being presupposed. So far as possible, definite procedures are given, but in regard to the many matters on which no such procedures can at the present writing be positively deduced, an effort has been made to indicate the chief considerations at issue.

The author says that the three principal needs in the public health field today are, (1) scientific definition of principles of procedure; (2) improved organization; (3) trained sanitary officers. Along these three lines great progress is being made. He also says that not only is this observable in individual cities and towns but in the advances in the sanitary systems of whole states. A recent example is to be seen in the reorganization in New York State with the conferring upon the State authorities of local supervisory powers and the adoption of a State sanitary code. This will be, Dr. MacNutt believes, quite valuable.

The volume contains 650 pages. It is hard to see how the author could have written a more valuable and up-to-date book. He deals with a subject that is very popular at this time, one that is being agitated every day. We congratulate the author and the publishers on getting out such a valuable book. It is needless, of course, to add that we recommend it.

Physician's Visiting List For 1916.
Sixty-Fifth Year of Its Publication.
Philadelphia: P. Blakiston's Son &

Company. 1012 Walnut Street.

This year's visiting list that the above publishing house has been in the habit of getting out for so many years is always received with pleasure. We use it in preference to any book of its kind.

Progressive Medicine. - A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia. Assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. December 1, 1915. Lea & Febiger, Philadelphia and New York. Price \$6.00 per annum.

We value this quarterly digest of the advances and improvements in the medical and surgical sciences. We all, regardless of what our special work may be, should be interested in this kind of literature.

The only objection that we can offer is that it is too valuable a volume not to have a good, substantial, cloth binding. We are prejudiced against the paper binding.

This volume is possibly a little larger than any of its predecessors. It contains 420 pages. In all probability its illustrations are better and more numerous than is usually seen in these volumes.

Medical Clinics of Chicago. Volume 1 Number 111 (November 1915). Octavo of 200 pages, 23 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Price per year: Paper, \$8.00, Cloth, \$12.00.

American Materia Medica.

American Materia Medica, Therapeutics and Pharmacology. By Finley Ellingwood, M. D. Pharmacy and Pharmacognosy by John Uri Lloyd. Published by Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.

There are those among us though few indeed, who yet recollect the days of the Civil War, and the stress to which we were put to find substitutes for the drugs cut off by the blockade. Deprived of our usual supplies we were compelled to utilize our products—and with such success that we doubt whether today, with all its half century of advances, shows a greater percentage of recoveries than we then secured. With the close of the conflict we turned at once from all manner

of makeshifts; and just as a two-material gown was long abhorred by our fair ones, as reminding them of the day when they had to cut and scrimp from several old dresses to get one passable garment, so we dropped our teas and decoctions for the imported drugs.

Now the great European war cuts off most of our supplies, and in the nick of time comes this book of Ellingwood, to tell us again of our native drug plants. These are not a duplication of the old nauseous messes, but the skill of our foremost chemists has been exerted to present the best, most effective and palatable preparations the art of the pharmacist can evolve. Moreover these drugs have been studied with the aid of modern means and methods, the laboratory has peered into them, the chemist has analyzed and drawn out the active principles, and many hundreds of clinicians have tested them at the bedside. We know now what each can do, and how it does it; we know when to administer each with best effect; and how to gauge that effect to the desirable point.

But Ellingwood is not a mere botanic practitioner; he deals with minerals and chemicals, with animal products and even the non-drug therapeutics. We note the recommendation of calomel when needed, and even bloodletting occasionally; that formidable *pilum*, yielded with such power by our ancestors, but which has dropt from the feeble hands of their successors.

This book is not a laboratory manual but a practitioners' text-book; one that introduce hosts of remedies and gives exact indications for their use. He would be indeed erudite who could peruse Ellingwood's volume and not be edified. We venture to assert that there is not a practising physician in the United States who can not find material of value here, that he did not know before consulting this book.

Peace Prospects Gloomy.

If England should put forth supreme effort in the coming year, and Russia should obtain sufficient equipment for her men, it seems to us that Germany would be brought to the pass of urgently seeking terms of peace well before the end of 1916. But if the Allies are not willing to consider terms that Germany and Austria could entertain as a basis for negotiations, it would further seem likely that the war might be prolonged for still another year making a total war

period of three years. The prospect is a sad and painful one to all who have managed to keep from becoming hardened to the terrible facts and incidents of the struggle. As yet, the fighting governments are sustained by their long-suffering peoples. There is no urgent demand for peace. The spirit of hostility is so dominant in the warring nations that most of the women are willing to lose their husbands and sons rather than to open their minds to see that the war itself is victimizing the worthy families of all countries, who have no conceivable ground of racial or national enmity.—From "The Progress of the World," in the American Review of Reviews for December.

Miscellaneous.

Typhus Fever.

It may seem absurd to remark that typhus fever is typhus fever; yet this simple truth has escaped two classes of physicians. There are those who regard it as a bacterial disease, an entity. Probably they would like to trace the spreading branches of its tree to a single root, by discarding all the collateral roots together. By such a process Brill's disease, trim clipped but shadowy, stood forth. The expert, on the other hand, finds typhus fever a perplexing study, as Muhlens tells us at first hand. (Munch. med. Wochenschr., 45, 1914.) The symptoms are various, and are often most difficult to disentangle; typhus fever manifests a sort of phantasmagoria of symptoms and visiting germs which give one quite a shock. The shape or form of the true microbe of typhus is still wholly unknown; it is not easy, as Gruber, Teubner, and Ficker say, to speak of this germ with anything like identifying power. Is the virus invisible? asks one of the best of bacteriologists, Nicolle (Ann. Pasteur, 1912, pp. 250 and 332). Much has been achieved in America on this subject by Ricketts and Wilder. Anderson and Goldberger. The virus, whatever it may be, is found in the blood; it may be conveyed from blood to blood; probably its seat is the leucocyte, as Nicolle conjectures. He found that it inhabits the body louse, and Goldberger and Anderson tell us that some physicians might well copy the suggestions forcibly laid down in this drug helping literature and hand it to their patients along with their own prescriptions. Ob-

viously not all patent medicine men are so shrewd, and many depend on pure prevarication, but we are here simply giving the devil his due and warning the profession lest they fail to measure up to the devil in keenness as to the need and value of health teaching in modern medicine. Some of the proprietary people are so kind as to recommend that the purchaser of their wares consult a physician before taking them. This suggestion is as clever as it is kind.

The public ought, with honest effort on the part of the physician, to prefer him and his advice to that of an advertised proprietary preparation. A point in connection herewith, however, that we have emphasized before, is that the patent medicine man manages to secure the taking of his nostrum over long periods of time, a factor of great value in the case of alteratives, for example. Such drugs are slow in action, and the patient who receives them from a regular practitioner is likely to become dissatisfied after a week or two and seek relief elsewhere. The same patient, however, will stick to his "sarsaparilla" based on the iodides, for weeks, and obtain marked results; the gradual unloading of the system confers a feeling of euphoria which leads to the production of the remarkable testimonials with which we are familiar. All the emunctories are stimulated and metabolism is promoted by such prolonged treatment, which is something the regular physician finds it difficult to enforce.—Editorial in *The New York Medical Journal*.

Radium Treatment.

The status of radium treatment ought to be improved, before it sinks into the deplorable dogmatism which ruled in the early days of electrotherapy. We must not forget that during a half century or more, the primary and secondary currents of low voltage were used in myriads of forms for all sorts of conditions with so little effect that not a few physicians have condemned electricity in all its forms as useless. This extreme position is of course regretted by those who still find much use for the high frequency current, yet even they are exceedingly conservative and limit their practice to diseases in which they are reasonably certain they have obtained benefit. If a case improves or recovers under electrical treatment it is not absolutely certain that electricity did it. The current may indeed have retarded recovery due to other means or by the ordinary recuperative

power of the tissue themselves. There is precious little really scientific knowledge of the functional and material tissue changes caused by electricity or any of the ether radiations induced by it, excepting of course the necroses due to excessive amounts. Mysticism ruled our early and unscientific practice which was not even empirical. The lay mind grasped at it, as at all other things which appeal to our credulous side. Many of us still remember the days when we all thought that electricity must do good somehow, and when a household was not considered complete unless it had a battery of some kind for the ailing inmates. Enormous sums of money were wasted on the nonsense, except where benefit was obtained as a result of its suggestive influence. We are now not a little astonished and ashamed of the way we acted without the slightest foundation in observed fact. There were few research laboratories then, and they were managed by practitioners too busy to look into matters deeply. We jumped into electrotherapy in the same way we took up the ridiculous sun baths. When we heard that plants utilized the energy of sunshine to break up carbonic oxide, we concluded that light was life-giving, but we have since learned that light is very often irritating or lethal according to its intensity and that the living tissue of plants is always shaded or in complete darkness as in the roots and under the bark. We must be prepared to learn more of the irritating effects of electricity.—*American Medicine*.

Litten's Sign as an Aid in the Diagnosis of Thoracic Disease.

It is now some years since this interesting phenomenon was first called to the attention of medical men. It has stood the test of time as being under certain circumstances of unquestionable clinical worth. To elicit it the patient should be upon his back, with the thoracic muscles relaxed, arms at the sides and knees somewhat elevated. As a rule the feet should be directed towards the source of light. This rule is not invariable, for the sign, if well-marked, can be seen when sufficient light is present from whatever direction; it may be even noticed occasionally when the patient is standing. But for the great majority of cases the posture mentioned is the only suitable one. The best light is bright daylight, though a good lamp held over the knees sometimes serves equally well. The patient is directed to take a deep breath.

As the diaphragm descends in inspiration and the diaphragmatic separates from the thoracic pleura, a horizontal wave (i. e. horizontal to the patient when erect) descends along the thorax from the sixth or seventh to about the tenth or eleventh rib, returning (though less perceptibly) as the diaphragm returns. The phenomenon is often more marked on the right side, but if visible on the right it should also be visible normally on the left.

When the sign is positive, the indications are generally speaking, two: first, that the pleuræ are not adherent; second, that the lung is expanding normally. The former fact excludes chronic pleurisy with adhesions, and also pleurisy with effusion; which latter excludes all diseases of the lung substances proper which would obstruct its expansion, i. e., acute lobar pneumonia, chronic fibroid pneumonia and advanced emphysema. In moderate emphysema the "shadow" will be restricted in its movement but not absent, except over the anterior half of the thoracic outlet.

The limitations of the value of Litten's sign are rather grave, unfortunately, but not grave enough to prevent its being of substantial value. A bad light makes it impossible to see it. A stupid or unconscious patient, or a small baby cannot be made to breathe properly. Acute pleurodynia or intercostal neuralgia will make the patient often unable to breathe. The thoracic breathing of women often obscures the sign, the diaphragm in such cases moving imperfectly or not at all. Ascites, tympanites, a large adherent liver, or a large neoplasm in the abdomen will mechanically prevent the descent of the midriff. Counting out these exceptions, the sign will be found worthy of confidence. In insurance examinations it ought to be made one of the stock questions, as candidates for insurance are, presumably, healthy and intelligent men. In normal boys and girls it is rare to find it absent, and old pleurisy can often be discovered thus in a moment.—Editorial in *Pediatrics*.

The Public and Low-Grade Medical Colleges.

In one of the tables of statistics published in the State Board number of *The Journal of the American Medical Association* is information of special importance to the public; it indicates the states that are not adequately protected against untrained doctors. The table shows that the boards of thirty-two states are making some use of the legal power conferred on

them to discriminate between medical colleges and to refuse recognition to those which are of low standard or are not properly equipped to furnish their students a satisfactory training in modern medicine. Of the thirty-one state boards, nine (Alabama, Colorado, Iowa, Indiana, Minnesota, New Hampshire, New Jersey, North Dakota and South Dakota) will not license the graduate of any medical college unless he had completed at least two years of work in an approved liberal arts college before taking up the study of medicine. There are eight states (Arizona, District of Columbia, Idaho, Massachusetts, Montana, Oregon, Tennessee and Wyoming) which have not given the boards full legal authority to pass on the character or standing of the colleges whose graduates may be admitted to examination, and in nine other states (California, Kansas, Maine, Missouri, Nebraska, Nevada, North Carolina, Utah and Washington) the boards are apparently given ample power, but, so far as the reports indicate and for various reasons, the boards are not using that power. Arkansas and Florida each have three separate and independent licensing boards, one of which—the regular board—has refused to recognize low-grade colleges under its jurisdiction. We learn of no such action by the other two boards in each of these states. It goes without saying that since the graduates of these low-grade medical colleges cannot secure licenses in thirty-two states, they will flock to those in which they are still eligible. These seventeen states, therefore, are certain to be the dumping-ground for the output of these inferior colleges just so long as the practice acts permit, or so long as the state licensing boards do not take action against them. The people have the right to expect that the state (on which the national constitution places the responsibility) will grant them proper legislation, and that the licensing board—the only legal body having these matters in charge—will take such action as is necessary to protect them against the ill-trained product of low-grade colleges.—Editorial from the *Indianapolis Medical Journal*.

Contradictory Findings in The Wassermann Test.

Doubt has been thrown, more than once, on the accuracy of the findings of the Wassermann test. This element of doubt, however, does not mean to say that the test is not a reliable index of the state of the blood, but it rather infers that the method is not invariably carried

out with the scientific care that is necessary. Dr. Abraham L. Wolbarst of New York has pointed out in a paper published in the *Interstate Medical Journal* for February, 1915, that the test is not always satisfactory, and has called attention to some of the defects of the method. Wolbarst's personal experience in the study of such contradictions has been that in the presence of active lues, the Wassermann reaction is apt to be uniform in the hands of several serologists; in latent lues, however, or in cases which have been under treatment for some time, the contradictions are most frequently found. In the paper here discussed the views expressed are based on a careful study of 134 private cases. The conditions under which this study was made adhered as closely as possible to the conditions under which the average practitioner obtains his Wassermann tests. The results of the findings of these cases in three laboratories are tabulated and analyzed, and it is shown that there were many contradictions.

The conclusions arrived at by Wolbarst were as follows: (1) Three serologists working independently, tested sera simultaneously in 85 cases; they agreed in 42 per cent., differed more or less in 19 per cent., and there were gross contradictions in 39 per cent. of the cases. Two serologists working independently and simultaneously, examined sera in 49 cases; they agreed in 65 per cent., differed in 23 per cent., and there were gross contradictions in 12 per cent. of the cases. (2) The Wassermann reaction is dependent for its result on the skill and knowledge of the serologist. (3) The result of the test depend in a great measure on the absolutely perfect standardization of the reagents used; these are subject to variation in the hands of different serologists. (4) As a result of these differences, diversity in results is not infrequent. (5) It is a gross error to accept the findings of one serologist as conclusive; his work should be checked up by one or more equally competent workers. (6) If more than two competent serologists report on a given serum, the majority opinion may be accepted as fairly conclusive; frequent re-examinations are always of advantage to the patient. (7) All mention of results of the Wassermann test, in the literature or elsewhere, should be accompanied by the name of the serologist who made the test, in order that the measure of accuracy and skill employed may be estimated. (8) The serologist

should be selected with the same care and caution that are exercised in the selection of a consultant or expert in any other branch of medical science. (9) Reagents should be prepared and distributed at a central station; all workers should adopt a uniform, recognized method which has been found reliable; meanwhile, Wassermann reports should be accompanied by the name of the individual worker who made the test, together with a brief statement showing the method, apparatus, and reagents used. In this way only can be determined the degree of confidence to be placed in the reports handed in by serologists.

Undoubtedly, there have been and are contradictions in the findings of the Wassermann test, but this fact must not be allowed to weigh against the value of the test, which has, on the whole, absolutely proved its worth. Yet, it is open to error in manipulation, and the very greatest care should be exercised with regard to the accuracy of the technique. The blood should be fresh, and a uniform, recognized standard of doing the method should be adopted, and, as Wolbarst suggests, reagents should be prepared and distributed at a central station, perhaps by the Board of Health. Also more than one serologist should do the test, and due attention should be paid to the clinical history of the case.—Editorial in *The New York Medical Record*.

The Chemotherapy of Tuberculosis.

During the past few years there have been carried out in the Sprague Memorial Institute and in the Pathological Laboratory of the University of Chicago a number of investigations on the chemotherapy of tuberculosis. The results have been published largely in recent numbers of the *Journal of Infectious Diseases*. A survey of these studies has been made by Robert Lewin, and is contributed to the *Zeitschrift für Tuberkulose*, February, 1915. The subject is one of engrossing interest, particularly in view of the prominence that is now being given to the role of chemotherapy.

Wells and Hedenburg have shown that the point of attack in the chemotherapy of tuberculosis, in contradistinction to that of all other forms of chemotherapy hitherto attempted, is a region poor in blood vessels, namely, the tubercle. This explains the negative results obtained in all the empirical attempts at chemotherapy in this disease, the failures being attributed to the inability of the

chemical agents to gain access to the nonvascular areas. Another factor that accounts for the futility of a *therapia sterilisans magna* in tuberculosis is the circumstances that the tubercle bacillus unlike other microorganisms has a peculiar fatty and waxy envelope. Of prime importance, therefore, was the investigation of the permeability and lipid-solubility of the tubercle bacillus. It was found that the administration of iodides to tuberculous animals led to a deposition of considerable amounts in the tubercles and caseous foci, but not to any greater extent than in necrotic non-tuberculous foci in other animals. In other words, the affinity of tubercles for the iodides is not a specific one, and is the expression of a physico-chemical phenomenon rather than of a chemical reaction.

Considerable light has been thrown upon the subject by the investigation of the vital staining of the tubercle bacillus. Corper fed tuberculous guinea-pigs with fat-soluble dyes, but could not detect even traces of these substances in the bodies of the tubercle bacilli. Such dyes as sudan III, scarlet red, etc., would stain the depot fat in the body, but would not stain the cells of the parenchyma. Lydia M. de Witt made a thorough investigation of the subject of the vital staining of the tubercle bacillus. She found that in guinea-pigs trypan blue, trypan red, isamin blue, methylene blue, etc., penetrate the tubercle. They are well borne by the animal, provided the dose is not too large. The tubercle bacillus is likewise stained by methylene blue, basic fuchsin, crystal violet, erythrosin, and eosin. With skepticism, however, is regarded von Linden's report of a curative action of methylene blue in tuberculosis. Although this drug has a bacterial action upon the tubercle bacillus no definite therapeutic results have been obtained with its administration in tuberculous animals.

The efficacy of copper compounds in the therapy of tuberculosis has not been proved. Corper, de Witt, and Wells could not detect any special bactericidal property in the copper compounds, including the lecithin preparation for which strong claims have been made. Nor has Corper been able to detect any special affinity of the copper compounds for the tubercles. In fact, colloidal copper does not penetrate the tubercle. The crystalline compounds of copper are converted into the colloidal form immediately after administration. Wells and Hedenburg

have shown that colloids are unable to gain access either to the tubercles or to necrotic foci.

Although the results thus far obtained in the chemotherapy of tuberculosis are far from encouraging, it is to be hoped that investigations along this line will be continued with increased energy and will yield results of definite practical value.—Editorial in *The New York Medical Record*.

Whooping-Cough a Serious Disease.

In an address before the New York Academy of Medicine, and reported in the *Archives of Pediatrics*, issue of August, 1914, John Lovett, A. M., M. D., Professor of Pediatrics in the Harvard Medical School, made this significant statement: "The relative mortality from whooping-cough, scarlet fever and diphtheria is essentially the same throughout the country, whooping-cough being almost everywhere more fatal than scarlet fever and less fatal than diphtheria * * * Instead of being a trifling affair, as it is usually considered to be by the laity, whooping-cough is a most serious and fatal disease. 'Any disease which kills 10,000 children per annum is,' as Rucker says, 'a serious one. If bubonic plague were to kill that many children in the United States in one year, the whole world would quarantine against our country. A child dead of whooping-cough is just as dead as a child dead of plague.'"

In the same issue of the journal above referred to, the editor, an undoubted authority, says that "whooping-cough causes more deaths in children under one year than any other infectious disease."

In view of these startling facts, is it not just possible that the profession at large, like the average layman, has been too prone to look upon whooping-cough as an inevitable concomitant of childhood, and to underestimate its seriousness?

The Bordet-Gengou bacillus is recognized as the specific cause of whooping-cough, and the most rational method of treating the disease is by means of vaccine prepared from cultures of this bacillus. It is pertinent in this connection to refer to two such vaccines which are manufactured and marketed by Parke, Davis and Co. One bears the name of Pertussis Vaccine; the other is designated as Pertussis Vaccine, Combined. The first-mentioned vaccine is indicated in cases diagnosed as pertussis, in suspected cases when a definite diagnosis is lacking, and as a prophylactic. The second is in-

licated in all cases of pertussis, but especially those which have persisted for some time, such infections being usually of the mixed type. The vaccines are administered hypodermically and are supplied in bulbs, in rubber-capped vials, and in glass syringes. The various packages are fully described in an announcement which appears elsewhere in this journal under the caption, "The Vaccine Treatment of Whooping-Cough." The advantages of the vaccine treatment are succinctly stated in the advertisement, which our readers are advised to consult.

A Safe and Reliable Cardiac Tonic.

It is a matter of common observation in the treatment of functional cardiac disorders that all remedies must be avoided that tend to cause reactionary exhaustion or depression following their initial effect. To use a homely but more or less apt illustration, the driver of an unruly high strung horse should not pull it up suddenly or harshly, but always gently and firmly. Therefore, when the heart is irritable or unruly, as it were, it can best be regulated by a remedy that will accomplish this purpose in a gentle yet firm uniform manner. Clinical experience extending over many years has shown that Cactina is such a remedy and can be relied upon as a most satisfactory tonic in all functional cardiac derangements.

At any rate the more one uses Cactina Pillets in the heart cases constantly being met in every-day practice, the more one grows to realize the value of this remedy. Prompt and positive in effect, Cactina has the great advantage of being perfectly safe and free from any tendency to cumulative action. It should, however, be constantly borne in mind that Cactina is not a powerful cardiac stimulant, but on the contrary is a tonic that acts by sustaining and steadying the heart.

Cactina has no contra-indications, and the experience of many thousands of competent physicians has conclusively shown that it can be used under any and all conditions with implicit confidence not only in its freedom from harmful or unpleasant effects, but equally in its capacity to support and strengthen the heart's action and thus help it to do its work.

Restoring the Physiologic Activity of the Bowels.

There are scores of drugs listed in the *materia medicas* and *pharmacopoeias* which have some direct or indirect action on the bowels. They exert their influence

in various ways—mechanically, physiologically and medicinally—and all have more or less merit—as their use and recommendation go to indicate.

It should be remembered, however, that catharsis and purgation are properly never anything but emergency measures—to be used only "on the spur of the moment" when quick eliminative action is needed; as a consequence of which cathartic and purgative drugs have no place in the routine or systematic treatment of constipation. Gentle stimulation of the bowel, on the other hand, by means of mild but effective **laxatives** offers the more rational means of treating bowel inactivity, the commonest of the human ills, and should always be called upon when permanent benefits are sought. The effects of such measures will be prompt and decided, without pain, griping or distress of any kind, and since they are brought about by proper stimulation of physiological processes, they are naturally more prolonged and persistent.

Remedies that can accomplish such results are few and far between. Prunoids is one of the best of them and its gentle but thoroughly satisfactory action in all forms of constipation, stasis and even intestinal atony, through its influence not only on peristalsis, but also on secretory activity, have made it the remedy of choice for this class of cases by thousands of physicians in all parts of the world. An opportunity to test its value will be given to all physicians who address the Sultan Drug Co., St. Louis, Mo.

The Prophylactic Importance of Effective Correction of Liver Disorders.

In connection with the modern tendency of medical practice to anticipate many human ills by instituting prophylactic treatment as soon as their possible occurrence is suspected—or, to perpetrate a bull, by "treating them before they begin"—it is especially interesting to note the growing recognition of the part played by the liver in the causation of many common affections. That the liver is an all important factor in the etiology of no small proportion of the metabolic disturbances, intestinal derangements and so-called auto-toxic disorders, is becoming more and more apparent as the physiologic functions of this great organ are given more careful attention and study. Moreover, as facts unfold, it is very evident not only that the importance of the liver has not been fully appreciated, but that prophylactic treatment to accomplish, with any degree of efficiency,

the prevention of the ills referred to, must be directed primarily and principally to restoring and promoting the activity of the hepatic functions.

For many years the principal agents for attempting to restore the functional activity of the liver and regulate the portal circulation have been the hydragogue cathartics. In certain conditions these have been serviceable and more or less effective, but in many others they have proven valueless and even harmful, because of the exhaustion and depression resulting from the incidental catharsis.

In any comprehensive or effective scheme of prophylaxis of the affections due to insufficient or perverted hepatic activity the great desideratum is, therefore, to correct the liver condition without producing catharsis or purgation. The remedies that are able to meet this demand are very limited. In Chionia, however, the medical profession have a preparation of Chionanthus Virginica that can be relied upon to exert a prompt stimulating and corrective effect on the liver without setting up a severe and drastic action of the bowels. The possibilities of such a product must at once be apparent. Certainly clinical experience has demonstrated its therapeutic utility, for under its use the functions of the liver are promptly restored to the normal, with all that this essentially means on metabolic processes in general, the elimination of toxic wastes and the regulation of the bowels. The use of Chionia, therefore, through its potent influence on the liver affords a dependable means of preventing many ills that all too often lead to serious and prolonged invalidism.

The Vantie Portable Lamp.

A clear light focussed in the right place is essential to doctors, nurses and patients alike. A new lamp so constructed that the light can always be concentrated no matter what its shape or con- been placed on the market.

Reading in bed calls for very peculiar lighting to lessen the natural strain upon the eyes while the reader reclines, but a special phase of VANITIE versatility makes it suited just for this need.

A patent clamp fastens the lamp to the bedpost no matter what its shape or construction, and a simple adjustment of the movable shade brings a radiant daylight before the reader.

This felt lined clamp that automatically remains inside the base when not in use allows the lamp to be securely fastened to a chair, dressing table or shelf,

and a rubber suction cup also concealed within the base fastens it to any smooth polished non-porous surface. This suction cup has an automatic release, a feature not found on any other lamp which enables the user to destroy the Vacuum instantly when desirous of moving the lamp from one position to another.

The adjustable and detachable shade referred to above fits any style or size of globe, and can be turned to practically any angle, the inside of the shade being coated with satin finished aluminum.

Another new feature is the visor joint which permits of free movement in every direction, and is so constructed that the insulating cord is protected at all times.

Ten feet of high grade parallel cord are wound inside the base of the lamp, and can be drawn out so that only the amount in actual use is exposed. The VANITIE lamp is constructed of high grade brass throughout, and is finished in Old Brush Brass and Heavy Nickel Plate. The height when standing erect is twelve inches, and as it weighs only one and one-half pounds, and is so compact it is easily packed for traveling.

ad-10-16

Operative Gynecology. By Harry Surgeon Crossen, M.D., F.A.C.S., Associate in Gynecology, Washington University Medical School, and Associate Gynecologist to the Barnes Hospital; Gynecologist to St. Luke's Hospital, Missouri Baptist Sanitarium and St. Louis Mullanphy Hospital; Fellow of the American Gynecological Society and of the American Association of Obstetricians and Gynecologists. Seven Hundred and Seventy Original Illustrations. St. Louis: C. V. Mosby Company, 1915. Price \$7.50.

This volume that has just been received is unquestionably one of the most valuable and attractive books that has ever reached this office. It has, as stated on its title page, seven hundred and seventy illustrations. Consequently it contains more beautiful illustrations than any volume that has ever been published in this country that touches upon surgical subjects alone.

The book contains six hundred and seventy pages and is fully and thoroughly indexed. The paper on which the illustrations and text are printed is heavy, highly polished white enamel, the most expensive that can be bought. The artistic work displayed in these illustrations is remarkably well executed. They show the accomplished touch of the

photographer etc., through the hands of the engraver and the printer until they appear in the volume so complete and so beautiful.

The book is devoted exclusively to operative treatment. Dr. Crossen's endeavor has been to present this fully in all its bearings—the technique of the various operations, the difficulties likely to be encountered, the indications for operating in the various diseases and the selection of the exact form of operative procedure best suited to the particular case. The author deemed it necessary to exclude all extraneous material such as operations on adjacent organs and the details of the general surgical technique.

Dr. Crossen thinks, and we agree with him, that the time is ripe for a systematic investigation of the various operative procedures of the treatment of each gynecological lesion. Gynecologic surgery is entering a new stage of development. The past may be designated the period of invention of methods. To such an extent has this been carried that for the treatment of urinary displacements alone more than one hundred operative procedures have been devised. The new stage of development, the writer says, may be designated as the period of adoption of operative methods to the exact pathological conditions present in the individual patient. This period of development according to Dr. Crossen is as important as the preceding one, perhaps more so when considered from the standpoint of lasting benefit to the patient.

The reviewer has a decided inclination to add several paragraphs to this description of the book but what has already been said will be sufficient to induce those of the medical profession who are interested in this line of work to examine the book for themselves. It is the best book of the kind that has every been received in this office.

ad-12-15

Venarsen a Product for the Treatment of Syphilis.

It is a sterile solution representing .7 Gm. of an organic arsenal compound, together with mercury and sodium iodide.

It is also used in Pellagra.

Why you should use Venarsen—

It possesses superior spirochaeticidal power in the treatment of syphilis.

Its low toxicity insures safety in administration, and permits protracted use where necessary.

It presents ingredients to the blood in the most acceptable form.

The response following its use is prompt, as it enters the circulatory system direct and immediately becomes effective.

Its technic is very simple—break ampoule at nick, draw contents into syringe and inject.

It retains all its properties permanently; it is sealed in a glass ampoule, ready for instant use.

The patient is free from reactions or after effects of any kind.

We manufacture sterile solutions exclusively.

Our laboratories are completely equipped for compounding, sterilizing, filling and shipping these products, which are as safe and as nearly perfect as it is possible to obtain.

Our booklet, "Direct Medication," sent to any physician on request.

C. TANGHE,

Distributor Intravenous Products Co.,
Atlanta, Ga.

ad-6-16

Double Pulley Extension.

It is a tube that will telescope to fit any bed. Curves out 5 inches from the foot of bed. The vertical piece that supports the pullies slides up or down or any place along the bar. The pullies are six inches apart, and by a thumb screw can be tilted either way. The adhesive going direct to pulley from either side of the foot without the block of wood, holds the foot at any angle. A loose pulley hanging to the rope to which a single weight is attached gives even traction on both sides. Can be adjusted to any bed in three minutes. Can be clamped onto any bed in three minutes. You will say, as all doctors do, Why did we ever use the single pulley?

A SUPPORT, that will hold the limb in any position and maintain it that way, and at the same time enable you to see and know that the fracture is in position. It is the only ideal way of treating a fracture of the leg or thigh, and is equally helpful in sciatica, hip-joint disease, spinal injuries, or any trouble requiring traction.

For leg or thigh, adhesive strips are placed on either side of the leg, and each strip left to extend eight inches below the foot. The ends are then folded and fastened through rings with a safety-pin. In some cases it may be advisable to use a long posterior splint, in which case pad lightly with gauze and use a two-inch ad-

hesive around both splint and leg. By adjustment made on pulleys by a thumb screw, the foot can be held at any angle or elevation. The direct, even traction on either side of the leg holds the foot without lateral support. You don't have to use a block of wood to hold the adhesive away from the malleolus. You will find you can get all the traction necessary with much less weight than by any other method, as the pull is constant, direct, and without friction. Your patients will appreciate this method of treating fractures. It gives them far more freedom of movement, and the bed pan can be used with very little inconvenience.

You have no uncertainty as to what you are going to do when called to treat a fracture. You don't require the assistance of bystanders in getting boards, nails, hammer, and brace and bit. You are master of the situation—a professional man, not a carpenter.

DOUBLE PULLEY EXTENSION CO.,
Kinsley, Kans.

ad-9-16

Meat-Eating and Appendicitis.

In the immense literature on appendicitis comparatively little is to be found on the subject of its etiology, and even this is largely based on theory rather than definitely established facts. Essentially the disease is to be considered as an infection of a rudimentary organ ill equipped by reason of its anatomical peculiarities to resist the inroads of bacteria. The narrow lumen of the appendix, its scanty muscular coat, and the displacement and distortions to which it is frequently subjected by intestinal bands and adhesions favor the stagnation of secretions and fecal matter in its interior, and thus establish conditions predisposing to infection and inflammation. While the bacillus coli seems to be the chief offender, various other bacteria, such as the influenza and typhoid bacillus, the pneumococcus and the pus germs may be concerned in the causation of appendicitis. Bearing in mind that the disease is of microbial origin, and particularly due to the bacillus coli, how can its undoubted increase be best explained? For even after making due allowance for the greater number of cases that are nowadays recognized owing to greater accuracy in diagnosis, the fact remains that appendicitis is of more frequent occurrence than in former years, and particularly in the larger cities. In seeking for an explanation it is reasonable to assume that the prevalence of the disease must be due to some

factor which increases bacterial activity in the intestinal canal, and there is nothing which exerts so profound an influence in this respect as diet. But, it will be asked, has there been any change in the dietary during recent years sufficient to act as a predisposing cause of appendiceal infection? According to D. P. D. Wilkie (British Medical Journal) the increased consumption of meat among the English working class, due to the rise in wages, is responsible for the greater frequency of appendicitis, and especially the severe form, in large industrial areas. The same observation has been made in Germany, and it has also been noted that the disease is relatively much more frequently met with among town dwellers than among the peasant class. Wilkie further calls attention to the comparative rarity of acute and fatal cases of appendicitis among Eastern peoples, who subsist largely on a vegetarian diet, such as the Roumanian peasants and the Turks. His own experiments on animals afford strong corroborative evidence of the correctness of his views. "Thus he found that if the appendix was artificially obstructed so as to be partially filled with fecal matter, changes of a gangrenous putrefactive type were far more apt to follow in protein-fed than in carbohydrate-fed animals, and practically the same result has been obtained by Heile. Wilkie believes that similar changes take place in the human appendix as the result of obstruction with fecal matter consisting largely of proteids, and he therefore considers the urgent gangrenous type of acute appendicitis to be of the nature of acute appendicular obstruction and as a disease of meat-eating nations.

If we accept these conclusions it is not difficult to understand why appendicitis is so common in our own country where the people indulge so greatly in a meat diet. There is no doubt that animal foods are more prone to give rise to digestive disturbances and putrefactive processes in the intestines than those of a vegetable nature, and that such conditions constitute important predisposing causes of appendicitis. Let us therefore give serious consideration to Wilkie's suggestion, that "in a bulky and mainly vegetable diet lies the chief safeguard against acute appendicular disease in its most severe and dangerous forms."—Editorial, in *The International Journal of Surgery*.

X-Ray Treatment of Frostbite.

G. Fujinami, recalling the action of the X-rays in relieving the itching associat-

ed with many diseases of the skin, and noting that itching is a prominent symptom in frostbite, essayed the use of the X-rays in the treatment of the latter condition. His experience comprised twelve cases. He found that in frostbite of the first degree in which there was not much swelling one application of the X-rays was sufficient. The itching disappeared within three or four days and later the swelling gradually disappeared. In frostbite of the second degree, in which the swelling was present for a comparatively long time several applications of the X-rays were required. Hemorrhagic blisters became dry and fissures and ulcers healed after three or four applications of the X-rays.—Sei-i-Kwai Medical Journal.

Acute Appendicitis and Acute Appendicular Obstruction.—Wilkie (Brit. Med. Jour.) says that according to his observations we never meet with a primary acute inflammation of the appendix without a prompt rise of both pulse and temperature. It is the rule, however, in cases of acute appendicular obstruction to have at the outset no appreciable rise of pulse or temperature, and it is ignorance of these important negative signs which has so often led to fatal delay. We must recognize that if acute appendicitis is a serious condition, acute appendicular obstruction is usually more serious, and is the one in which the call for immediate operation is more clamant. From his experiments on animals and clinical observations Wilkie concludes: 1. Two acute pathological processes are met with in the vermiform appendix—acute appendicitis and acute appendicular obstruction. 2. Clinically acute appendicitis is distinguished by the signs of inflammation, there being from the onset a rise in pulse and temperature. Acute appendicular obstruction gives rise to vomiting, colicky pain, and abdominal tenderness, but at the outset to no appreciable rise in pulse or temperature. 3. The changes occurring in an appendix the lumen of which is completely obstructed depend on the presence or absence of fecal matter within its lumen. 4. In experimental obstruction in an artificial appendix the changes vary greatly according to the nature of the diet of the animal previous to the experiment, rich protein diet being associated with much more rapidly destructive changes than carbohydrate. 5. Undigested protein, putrefactive bacteria, and an alkaline reaction together produce rapid gangrene in the walls of the obstructed organ.

Embalment of Septic Wounds.—Menciere, in The London Lancet, favors this method in grave disorganization of limbs caused by rifle or shrapnel bullets or shell fragments. The wound is washed successively with three antiseptics—sublimate 1 in 1000, carbolic acid 1 in 40 and hydrogen peroxide 1 in 3. This is done because all germs, spores and microbes, are not equally sensitive to the three. For the permanent dressing, or embalment of the wound, he employs a solution of iodoform, guaiacol and eucalyptol, 10 gm. of each. Peru balsam 30 gm. and ether 100 gm. Gauze wicks are soaked in this solution which is also injected into sinuses. The wound is washed successively with the three antiseptics after operation, and this lavage is repeated for three or four days, after which hydrogen peroxide 1 in 3 or 4 is alone used. Dressings are changed daily.

War Prices.

The enormous advance in the price of drugs, owing to the European war, is well exemplified in the bromide salts. Bromide of Potassium, for instance, which sold before the war at 35c a pound, is now quoted at \$1.25 per pound, and the other salts have advanced in proportion. The very high price and scarcity of these salts is a great temptation for substitution. The safe way for the physician is to prescribe Peacock's Bromides, which, in spite of the great advance in the cost of manufacture, is still sold at the old price. Its formula has not been changed and this is a guarantee of uniformity and purity.

ad-10-15

Although every physician is subjected to more or less inconvenience by the requirements of the Harrison Act, comparatively little is experienced by those who are familiar with Neurosine. It is surprising the number of cases in which this preparation can be successfully substituted for the opiates. Neurosine has for years been recognized as a sedative, antispasmodic and hypnotic of unusual merit. Since the Harrison Law became effective its usefulness has been considerably increased. No records or any other legal requirements are necessary when Neurosine is prescribed, dispensed or purchased.

ad-12-16

Armour and Company announce their ability to supply in limited quantities

Peptonum Siccum, a high grade product entirely free from reducing sugars and other diluents and of low ash content.

Peptonum Siccum is made especially for bacteriological purposes. It is a pure article, however, and will answer wherever a high grade non-hygroscopic peptone is required.

Peptonum Siccum will be sold in 25, 100, 250 and 500 gramme bottles.

Amputations in War Surgery.—

Fritzmaurice-Kelly in *The London Lancet* mentions a method of amputation which he says was first suggested by himself and is now widely practiced in the military hospitals of France by British and French surgeons. The chief conditions calling for amputation in the present war have been compound fractures and gaseous gangrene, the latter one of the most probable complications in the early days of conflict, but apparently diminishing with the advent of colder weather. In both of these a virulent infection is present, and ordinary amputations are very frequently followed by recrudescence of the infection in the flaps. Further, the mortality following secondary amputations has in the past been high. It is impossible to make even a guess at the figures for the present war, but on the combined statistics of the Spanish-American and Boer wars Lagarde states it as 42.5 per cent. in the case of the thigh and 21.2 per cent. for the leg. In the present war the figures would probably be higher.

It has long been recognized that in war surgery amputation flaps should be cut rather short, and in the present war the French surgeons soon found that it was better not to stitch them at all, but to pack gauze between the flaps. The method advocated by the writer consists in a simple circular division of all the tissues, including the bones, at the same level, and that level the lowest possible. The skin is divided by a circular sweep, the muscles are divided at the level to which the skin retracts, and the bone is then sawn at the same level. The bleeding points are secured and tied, and a dressing is applied to the raw surface of the stump.

The stump is not painful if care has been taken to shorten the nerve and there is very little shock. Most surprising of all, it can be performed at the margin of gangrenous tissue without, apparently, any danger of the gangrene spreading to the stump; in one case of massive gangrene reaching the middle of the upper

arm amputation was performed half an inch from the gangrenous tissue, and the stump remained healthy. The chief disadvantage of the method is that a second operation is necessary, but this can be postponed until the infection of the wound has disappeared, and can be undertaken in conditions wholly favorable as to time and place. It is regarded by Fritzmaurice-Kelly as an inconvenience rather than as a contraindication.

Simple Methods of Blood Transfusion.

The transfusion of blood has been amply established in therapeutic value in a variety of conditions; and yet, because of the technical difficulties in the operation that have heretofore obtained, the procedure has not come into that general employment which its often life-saving service deserves. Technically, the easiest method of transferring the blood was, until recently, the syringe method of Lindeman. But that, too, is very far from simple; it requires a very nice technic, trained assistants, and numerous expensive, easily-broken syringes. Without very great care the cannulae, frequently handled and pushed and pulled upon by the syringes, are apt to become dislodged; and clotting in syringe or cannula is often the experience of the inexpert.

Recently Lester J. Unger, an interne in Mt. Sinai Hospital, New York, has greatly simplified the syringe transfusion method, reducing the number of syringes to two, obviating the handling of the cannulae, and so accelerating the procedure that a thousand cubic centimeters of blood can readily be transferred in five minutes. To accomplish this he uses a double two-way stop cock.

As described by him in the *Journal of the American Medical Association*, February 13, 1915, "it is a stop-cock, which alternately connects a syringe for blood to the donor and at the same time a syringe with saline to the recipient; then by turning the cock the syringe with blood is immediately connected to the recipient and the syringe with saline to the donor."

The 20 c.c. syringe for aspirating and injecting the blood fits directly into an opening in the small current-directing mechanism; the recipient's and donor's cannulae and the syringe for saline solution (a single barrellful is sufficient for the transfusion) are connected with this switching mechanism by paraffined rubber tubes. It will be readily seen that the employment of this apparatus, which requires no special skill, is vastly simpler than transfusion by the method of Lindemann or by

the anastomosing of blood-vessels with sutures (Carrel), or special cannulae (Crile, Elsberg, Soresi).

But in order that the transfusion of blood may be employed whenever and wherever emergencies may require it, it must be possible not only without any special skill, but also without any special apparatus. In other words, it must be as readily performable as an intravenous saline infusion, the few paraphernalia for which are everywhere easily procurable. That transfusion may be reduced to the same simple procedure as infusion, it is only necessary to keep the blood fluid. To accomplish this defibrination has been employed, which, however, deprives the blood of important constituents. The search for a safe anticoagulant therefore suggested itself. Leech extract (hirudin) is too toxic if mixed in sufficient amount to prevent clotting of the whole blood used (Satterlee and Hooker used it in small amounts to prevent clotting in syringes). Sodium citrate, much used in laboratory tests as an anticoagulant, was found safe in the necessary amount (0.02 per cent.) by Hustin of Brussels, who reported (*Annales et Bulletin de la Societe Royale des Sciences Medicales*, May, 1914) the successful injection into a patient of blood mixed with a solution of sodium citrate and glucose.

Without knowledge of Hustin's work or of each other's, two New York investigators, Richard Weil and Richard Lewisohn, also, and simultaneously, arrived at the employment of sodium citrate as the means of simplifying transfusion by maintaining the fluidity of the blood. They both found, too, that, curiously enough, the sodium citrate introduced with the donor's into the recipient's blood does not reduce the coagulability of the latter (which would be a serious objection in many cases) but actually increases it.

Weil reported (*Journal of the American Medical Association*, January 30, 1915) the syringe injection into human patients of small amounts of blood (10 to 350 c.c.) kept fluid, in an ice-box, by a 1 per cent. admixture of sodium citrate.

Lewisohn went further. He transfused larger amounts (1,000 to 1,200 c.c.) of fresh blood mixed with a solution of sodium citrate to form a 0.2 per cent. dilution of the latter, which, like Hustin, he found by experiment sufficient to keep the blood fluid 48 hours or more. Lewisohn's method is exceedingly simple, obviating even the use of syringes. As described in the *Medical Record*, January 23, 1915, he allows the blood to run from the donor's

vein through an ordinary cannula or large needle into a glass jar, containing five c.c. of 10 per cent. sodium citrate solution. While the blood is running into the jar it is stirred with a glass rod to effect a good mixture of blood and citrate solution. The blood is then poured into an ordinary glass funnel or salvasan jar which is connected by a piece of rubber tubing with the cannula or needle in the recipient's vein. Surely a simple method of transfusion—quite as simple as, if not more simple than, the intravenous injection of salvasan.

Accumulating experience has thus far shown no danger in the use of citrate blood and it appears to be quite as effectual as unmixed blood. In addition to its great simplicity, the transfusion of citrated blood has the advantage over Crile's method that, like Lindeman's and Unger's, the amount of blood introduced can be accurately measured, and it has the further advantage over all these methods that it can be conducted leisurely and without the simultaneous presence of donor and donee—indeed, the blood can be carried from the donor's home to the patient's.

It is interesting to note that there has appeared another claimant for honors in the transfusion of citrated blood. In the *Medical Record*, February 27, 1915, G. A. Rueck of New York says that he conceived the idea in January, 1914, and carried it out experimentally on rabbits in that month, and in May, 1914, injected a patient with 250 c.c. of a blood-saline solution—sodium citrate mixture. On these accounts he "claims to be the originator of this method of blood transfusion"—which quite ignores Hustin (another indignity to Belgium!)

Blood transfusion has at last been transformed from a tedious, delicate, and often difficult surgical operation to a simple procedure that can be conducted almost anywhere and by any physician.

With Unger's apparatus unmixed blood can be readily and quickly transferred from one person to another. Without that, or any special apparatus, citrated blood, which appears to be equally serviceable, can be transferred by the method of Lewisohn—to date the simplest of all transfusion procedures.—Editorial in *The American Journal of Surgery*.

"A Dependable Ally"

All too frequently when the natural defences of the body call for support and reinforcement, the reserve forces are found to be weak and inadequate. The aid of a good tonic becomes urgent, therefore, if the body is to win in the conflict with disease.

As a dependable ally to the physiologic forces of the body

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has proven its value beyond all question during the twenty-five years it has been at the command of the medical profession.

It is simple yet appealing in its composition; the ingredients of "Gray's" are selected and combined with a care to quality and uniformity that assures therapeutic effects impossible to obtain with nondescript substitutes.

The success of "Gray's" is a success built upon efficiency and reliability—the attainment of results; in no other way could it have won the regard and confidence of the thousands of physicians to whom it is "the first thought" whenever a tonic is needed.

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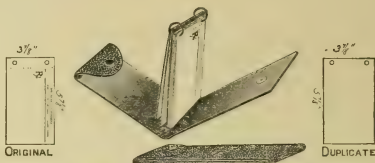
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VITAL STATISTICS. SUMMARY FOR THE MONTH OF OCTOBER, 1915, FOR NORTH CAROLINA

CITIES	Pop. U. S. C. April, 1900	Est. Pop. July, 1915	Deaths 1914- 1915	Births 1914 1915	Still- Births	Death- rate 1914- 1915	Birth- rate 1914- 1915	Sanitary Index
Asheville	18,826	20,556	40	24 25 46	2	25.4	14.0	15.9 26.8 5.2
Charlotte	34,138	38,481	67	47 57 32	6	23.5	14.6	20.0 9.9 2.4
Concord	8,731	9,266	17	10 16 18	2	23.3	12.9	21.9 23.3 5.1
Durham	18,469	23,961	28	20 43 46	2	18.1	10.0	27.9 23.0 5.0
Elizabeth City	8,455	9,500	11	13 24 29	2	15.6	16.4	34.0 36.6 1.2
Fayetteville	7,071	8,534	11	16 6 22	1	18.6	22.4	10.7 30.9 1.4
Greensboro	16,018	18,983	20	26 24 41	3	14.9	16.4	17.9 25.9 2.5
High Point	9,638	12,753	22	15 44 32	5	27.3	14.1	54.7 30.1 5.6
Kinston	7,055	8,515	9	16 27 24	4	15.3	22.5	45.9 33.8 1.2
New Bern	9,976	10,859	26	17 16 18	5	31.2	18.7	19.2 19.8 5.5
Raleigh	19,213	19,932	43	49 46 32	4	26.8	29.5	28.7 19.3 2.4
Rocky Mount	8,158	11,997	11	26 19 17	5	16.1	26.0	27.9 17.0 10.0
Wilmington	25,848	28,263	42	46 78 73	6	19.5	19.4	36.2 30.9 3.3
Wilson	6,784	8,399	7	11 15 18	4	12.3	15.6	26.5 25.7 2.8
Winston-Salem	22,890	30,141	41	49 31 53	1	21.4	19.5	16.2 21.1 6.3
Total	221,270	260,095	395	385 471 501	52	20.6	18.1	26.9 24.9 4.6

DEATHS BY PRINCIPAL CAUSES, ACCORDING TO LOCALITY AND AGE.

CITIES	Contagious diseases	Typhoid Fever	Tuberculosis of Lungs	Tuberculosis of other forms	Cerebro-Spinal Meningitis	Cancer	Pellets	Diarrhea and Enteritis "Under two years"	Diarrhea and Enteritis "Two years and over"	Pneumonia; including broncho	Suicides	Homicides	Accidents	Under one year	One to five years	Five to sixteen years	Sixty-five years and over
Asheville			8			1					1	1	3	1		23	
Charlotte	2		12	1		2	3	1	1	6			3	10	6	27	4
Concord	1					3	1						1	2		7	1
Durham	1	1	4			2	1	12						4	3	12	1
Elizabeth City								1					1	4	1	5	3
Fayetteville		1					2		1	2			2	2	3	10	1
Greensboro		1	1		2	1	1	1	2	2			2	3	3	17	3
High Point			1	1	1	3	1	1					2	1	2	10	2
Kinston	4		1			1		2	1					5	5	6	
New Bern	1		2			2	1			2			3	3	7	7	4
Raleigh	2		1	1	1					1				6	2	32	9
Rocky Mount			4			1		5	2	3	1		1	5	6	13	2
Wilmington	1		1			1	2	5		2			2	7	6	27	6
Wilson			1					1						6		5	
Winston-Salem	2	2	6	1		2	5			4				12	5	29	3
Total	14	5	32	4	4	17	14	24	7	22	2	1	20	71	45	230	39

The discovery that ipecac alkaloids are efficient endamebicides in the treatment of amebic dysentery and pyorrhea and that it is possible by means of Alcresta Tablets of Ipecac, to administer the drug orally without causing nausea, has attracted nation-wide attention among physicians and dentists.

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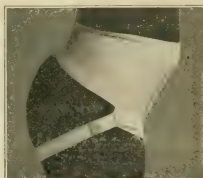
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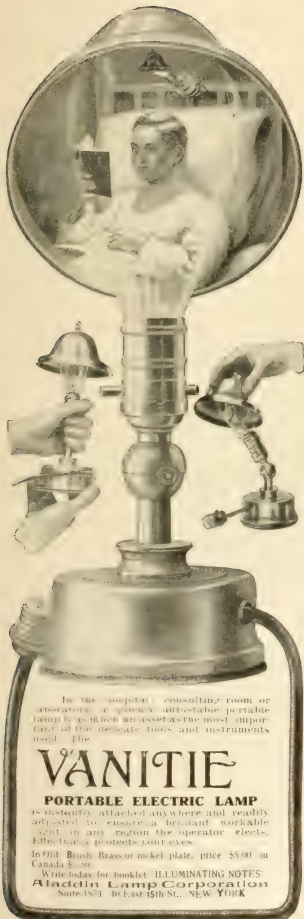
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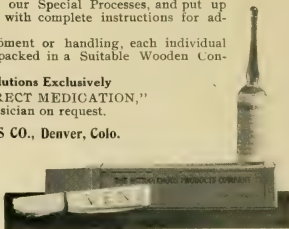
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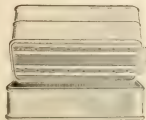
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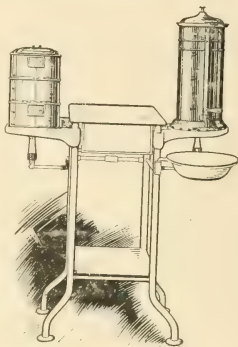
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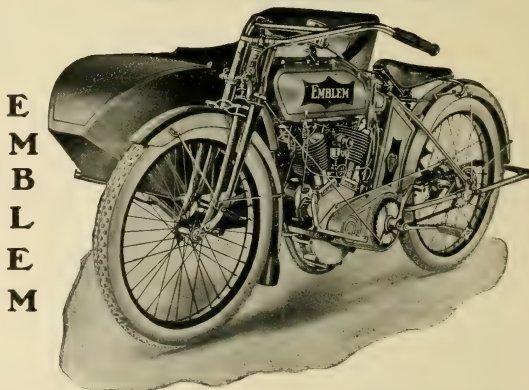
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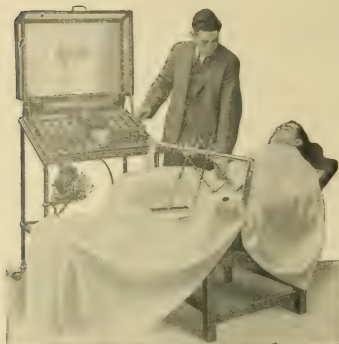
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For the Relief of
PAIN

the "logical supplanter of opium, and other habit forming drugs" is

PHENALGIN

No matter how severe or where located pain is promptly and satisfactorily controlled by this effective anodyne—and without disturbing the digestion, suppressing the secretion, causing constipation or inducing a drug habit.

This is why Phenalgin has superseded opium and its derivatives for relieving Headaches, Rheumatism, Gout, La Grippe, Lumbago, Neuralgia, Disorders of the Female, Dysmenorrhea, and Painful Conditions generally.



To thousands of physicians Phenalgin "is the one dependable analgesic—the logical supplanter of opium".

Specify "Phenalgim Pink
Top Capsules".

Samples and interesting information on request

The Etna Chemical Co.

59 Bank Street
New York

Respiratory Disorders

particularly **Chronic Bronchitis, Asthma, Convalescence from Influenza, Delayed Resolution in Pneumonia**, etc., are remarkably responsive to the tonic and alterative action of

BURNHAM'S SOLUBLE IODINE

Notably free from gastric irritation or any other objectionable or disagreeable effect, the beneficial influence of this reliable preparation of iodine is promptly shown, not only by a prompt improvement in the local condition, but what is often no less gratifying and important, a marked stimulation of functional activity throughout the body with corresponding gain in general bodily nutrition.

The results thus obtained readily account for the extent to which **Burnham's Soluble Iodine** is being employed today in chronic or intractable respiratory affections.

Valuable data on dosage sent free

BURNHAM SOLUBLE IODINE CO.

Auburndale, Mass. and Montreal, P. Q.

The Charlotte Sanatorium Charlotte, N. C.

Surgical

Department

THE SURGICAL ROOMS OF THE CHAR- LOTTE SANATORIUM

The Sanatorium is especially arranged for the handling of a large number of operative cases. Seven rooms have been set apart for the operative department. The designers spared no pains or expense in making these rooms perfect for which they are used, and they are examples of modern efficiency. This department is cut off from the rooms in which the patients are subsequently cared for. They face the South and have an abundance of light and ventilation.



Seventh Street Entrance to the Charlotta Sanatorium



A Minor Operating-Room

ways ready for instant use.

The first room is used for a minor operation and can also be arranged for examination and treatments. Tables of the latest pattern are used for operations, examinations, or both as may be necessary. The room is shown prepared for a minor operation with all the necessary dressings and instruments. The cabinets in this room of steel and glass contain dressings and sterilized materials of all kinds for general use in the surgical department. In this way the sterilized materials are kept free from dust or other contamination and are



An Instrument Room

The next room is the instrument apartment. It contains large instrument cases of the latest models. These cases are filled with every modern surgical instrument, many of which are important. The collection is most complete and any needed instrument is at once available for any emergency that might arise. To one side are the solution stands in which the standard stock solutions are kept, so that the working solutions can be obtained at any moment.



Across the hall from the two rooms previously mentioned is the dressing room for the surgeons. In this room are six roomy lockers and a double lavatory of glass and porcelain. The lavatories were specially made for the Sanatorium and have complete foot control. Adjoining this room and a part of it, is a private bath and toilet. Every convenience is at hand for the operator and his friends to become thoroughly prepared before going into the operating rooms.



Surgeons' Dressing-Room

The next room is the nurses' dressing and preparation room. A large double lavatory with solid glass top and porcelain bowls are used for hand sterilization. These are operated entirely by the foot so that the hands need not touch anything after the preparation has once begun. A large slop sink is set in one corner for solutions and soiled discharges from the operating room. A white enamel table is used for emergency medicines and materials for quick dressings.



Nurses' Dressing Room



Operating-Room A

This shows operating room A, and indicates the completeness and convenience of the arrangement. The table is of the latest model of white enamel frame, with glass and nickel plated steel fixtures. On this the patient can be put in any position at a moment's notice. A large circular glass table is used for the instruments and dressings and can be wheeled to the operator's side where everything is at hand. The glass top stool, medicine and anesthetic tables are easily placed at any desired point. The floor is tile,

the wainscoting of marble with enamel ceiling. The woodwork is in white enamel and everything can be thoroughly cleaned.



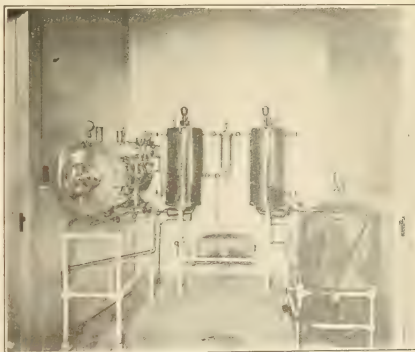
Operating Room B

This room is Operating Room B, which has the same dimensions walls and floors as operating room A. Both rooms have large windows facing to the East, South and West, and large sky-lights overhead. In addition to these lights there are in each of these rooms, ten electric globes which combined give an artificial light equal to 1000 candle power. So that an emergency operation at night can be done as well as a formal operation at noon. This room like the other, is

fitted up with the most improved table stands and other accessories that go along with a modern operating room.



The sterilizing room is, of course, one of the important rooms connected with the operating department. It is situated between the two operating rooms A and B, and communicates with both of them. This room is furnished with two water sterilizers, a large pressure sterilizer for dressings, a full sized instrument sterilizer and a roomy utensil sterilizer in which the largest pans, basins or pitchers can be boiled. By these means everything going into either one of the operating rooms can be made perfectly sterile and absolutely safe.



Sterilizing Room

This shows the hall leading from the main corridor to the different operating rooms. The first door to the left opens into the minor operating room, the second door is the instrument room, the ones at either end of rolling stretcher, open into operating room A on the left and operating room B on the right. The first door on the right is the surgeons' dressing room and the next opens into the dressing room for the nurses.



Hall

The solution basins for the hands are shown on stand between the dressing rooms. The patients' carriage or rolling stretcher is shown beneath the clock.

Officers and Staff of Sanatorium:

E. C. REGISTER, M. D., President

A. J. CROWELL, M. D., Vice-Pres. J. P. MATHESON, M. D., Sec.-Treas.

DEPARTMENTS

CHIEFS OF DEPARTMENTS AND ASSOCIATES

Medicine

Edward C. Register, M. D.

I. W. Faison, M. D.

Nervous and Mental Diseases

J. P. Munroe, M. D.

Eye, Ear, Nose and Throat

A. M. Whisnant, M. D.

J. P. Matheson, M. D.

Diseases of Digestion

W. O. Nisbet, M. D.

Surgery

G. W. Pressly, M. D.

C. M. Strong, M. D.

B. C. Nalle, M. D.

A. G. Brenizer, M. D.

Genito-Urinary and Rectal Diseases

A. J. Crowell, M. D.

Cancer and Skin Diseases

W. D. Witherbee, M. D.

Anesthetics

J. C. Montgomery, M. D.

Pathologist and Bacteriologist

Harvey P. Barrett, M. D.

The operating Department in General Surgery is in the hands of the following well known specialists:

GENERAL SURGERY—G. W. Pressly, M. D.; C. M. Strong, M. D.; B. C. Nalle, M. D.; and A. G. Brenizer, M. D.

GENITO-URINARY SURGERY—A. J. Crowell, M. D.

EYE, EAR, NOSE and THROAT—A. M. Whisnant, M. D., and J. P. Matheson, M. D.

CHEMICAL and MICROSCOPICAL LABORATORY—H. P. Barrett, M. D.

The last annual report of the surgical department shows that 590 operations were performed during the past year.

SOUTHERN MEDICAL SOCIETIES



MISSISSIPPI VALLEY MED. ASSOCIATION.

Annual Meeting at Lexington, Ky.

October, 1915.

Henry Enos Tuley, M. D., Sec.

705 South Third St., Louisville, Ky.

Hugh Cabot, M. D., Pres.

Boston, Mass.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Annual Meeting at Cincinnati, Ohio,

December 14-16, 1915.

W. D. Haggard, M. D., Sec.,

148-8th Ave., N., Nashville, Tenn.

Bacon Saunders, M. D., Pres.

Ft. Worth, Texas.

SOUTHERN MEDICAL ASSOCIATION.

Annual Meeting at Dallas, Texa.

November 8-11, 1915

Seale Harris, M.D., Sec.,

Birmingham, Ala.

Oscar Dowling, M. D., Pres.,

Shreveport, La.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Richmond, Va.

February 16-17, 1916.

Rolfe E. Hughes, M. D., Sec.

Laurens, S. C.

James H. McIntosh, M. D., Pres.

Columbia, S. C.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Mobile, Ala.,

April, 1916.

H. G. Perry, M. D., Sec.,

Montgomery, Ala.

J. N. Baker, M. D., Pres.,

Montgomery, Ala.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Annual Meeting at Oklahoma City, Okla.,

October 5-6, 1915.

Fred. H. Clark, M. D., Sec.,

El Reno, Okla.

J. P. Griffith, M. D., Pres.,

Kansas City, Mo.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Arcadia, Fla.,

May 12, 1916.

Graham E. Henson, M. D., Sec.,

Jacksonville, Fla.

R. H. McGinnis, M. D., Pres.,

Jacksonville, Fla.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Macon, Ga.

April, 21-23, 1915.

Wm. C. Lyle, M. D., Sec.

Augusta, Ga.

W. B. Hardman, M.D., Pres.,

Commerce, Ga.

KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Louisville, Ky.,

October, 1915.

Arthur T. McCormack, M. D., Sec.,

Bowling Green, Ky.

John J. Moren, M. D., Pres.,

Louisville, Ky.

LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at New Orleans, La.,

April 18-20, 1916.

L. R. DeBuys, M. D., Sec.,

Maison Blanche Bldg., New Orleans, La.

J. C. Willis, M. D., Pres.,

Shreveport, La.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Annual Meeting at Greenville, Miss.,

May 9, 1916.

E. F. Howard, M. D., Sec.,

1st Nat'l Bank Bldg., Vicksburg, Miss.

I. W. Cooper, M. D., Pres.,

Newton, Miss.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Meeting in Durham, N. C.,

April, 18 1916.

M. H. Fletcher, M. D., Pres.,

Asheville, N. C.

Benj. K. Hayes, M. D., Sec.,

Oxford, N. C.

NEW MEXICO MEDICAL SOCIETY.

Annual Meeting at E. Las Vegas, N. M.

1915

R. E. McBride, M. D., Sec.

Las Cruces, N. M.

W. T. Joyner, M. D., Pres.,

Roswell, N. M.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Charleston, S. C.,

April 19, 1916.

Edgar A. Hines, M. D., Sec.,

Seneca, S. C.

G. A. Neuffer, M. D., Pres.,

Abbeville, S. C.

TENNESSEE STATE MEDICAL ASSOCIATION.

Annual Meeting at Knoxville, Tenn.,

April, 1916.

Olin West, M. D., Sec.,

Independent Life Bldg., Nashville, Tenn.

E. C. Ellett, M. D., Pres.,

Memphis, Tenn.

MEDICAL SOCIETY OF VIRGINIA

Annual Meeting at Richmond, Va.

October 26-29 1915.

Paulus A. Irving, M. D., Sec.

Farmville, Va.

Samuel Lile, M. D., Pres.

Lynchburg, Va.

The Vaccine Treatment of Whooping-Cough.

ADVANTAGES.

1. Course of the disease shortened.
2. Number and severity of the paroxysms decreased.
3. Vomiting prevented or rendered less frequent.
4. Sequelæ diminished.

PERTUSSIS VACCINE.

INDICATIONS.

In cases diagnosed as pertussis (whooping-cough), or in suspected cases when a definite diagnosis is lacking; also as a prophylactic.

HOW SUPPLIED.

- Bio. 203. In cases of four 1-mil (Cc.) bulbs without injecting attachment, 100,000,000 bacteria per mil (Cc.). Package of four, \$1.00.
- Bio. 204. In 1-mil (Cc.) glass syringes, 100,000,000 bacteria per mil (Cc.). Package of one, \$0.50.
- Bio. 205. In cases of four 1-mil (Cc.) glass syringes, 100,000,000 bacteria per mil (Cc.). Package of four, \$2.00.
- Bio. 207. In 5-mil (Cc.) rubber-capped vials, 100,000,000 bacteria per mil (Cc.). Package of one, \$1.00.
- Bio. 208. In 20-mil (Cc.) rubber-capped vials, 100,000,000 bacteria per mil (Cc.). Package of one, \$3.50.

PERTUSSIS VACCINE, COMBINED.

INDICATIONS.

All cases of pertussis, but especially those which have persisted for some time—such infections being almost invariably of the mixed type.

HOW SUPPLIED.

- Bio. 234. In cases of four 1-mil (Cc.) bulbs without injecting attachment, 120,000,000 bacteria per mil (Cc.). Package of four, \$1.00.
- Bio. 235. In 1-mil (Cc.) glass syringes, 120,000,000 bacteria per mil (Cc.). Package of one, \$0.50.
- Bio. 236. In cases of four 1-mil (Cc.) glass syringes, 120,000,000 bacteria per mil (Cc.). Package of four, \$2.00.
- Bio. 238. In 5-mil (Cc.) rubber-capped vials, 120,000,000 bacteria per mil (Cc.). Package of one, \$1.00.
- Bio. 239. In 20-mil (Cc.) rubber-capped vials, 120,000,000 bacteria per mil (Cc.). Package of one, \$3.50.

Administered subcutaneously with an ordinary hypodermatic syringe or directly from syringe containers.

Before being offered to the medical profession our Pertussis Vaccines were thoroughly tested clinically. In the opinion of many competent observers they afford the best known treatment for pertussis.

Literature with each package;

or it will be sent to any physician on receipt of request.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.

